



25 March 2006

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- Is a first-line treatment, according to NHS migraine protocol¹
- Gastric stasis can quickly block drug absorption in migraine^{2,3}; Nurofen Maximum Strength Migraine Pain can be absorbed over twice as fast as standard ibuprofen⁴
- Can also help relieve migraine-pain-associated nausea⁵
- Does not contain codeine, as required by NHS guidelines¹



The right medicine for the right patient

Abbreviated Product Information For Nurofen Maximum Strength Migraine Pain 684mg Caplets; Ibuprofen 400mg (as sodium salt). Indications: Relief of headache and migraine. Legal category: P. Further information is available on request from the product holder, Crookes Healthcare Limited, Nottingham NG2 3...
Date of preparation: March 2006

- References
1. NHS PRODIGY Guidance – Migraine. <http://www.prodigy.nhs.uk/guidance.asp?gt=Migraine>
 2. Peatfield R. *Drugs* 1983; 26:364–371.
 3. Steiner T. *Prescriber* 1995 (April 5); 45–58.
 4. Nurofen Migraine Max Summary of Product Characteristics.
 5. Codispoti JR *et al. Headache* 2001; 41:665–679.

NFN932

More pharmacy drugs misuse services needed

Fears aired over ETP smart card accountability

Celesio cites regulation for sales downturn

A close shave: hair removal makes strides



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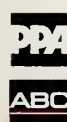
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CMP

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Guidance to help commissioners design and pay for pharmaceutical drug user services has been produced by the National Treatment Agency for Substance Misuse, the RPSGB and PSNC



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More drug user services needed

by Ailsa Colquhoun

Three in four community pharmacies will need to be involved in providing supervised consumption and shared care schemes for drug users if the sector is to fully meet the needs of drug users. In addition, one in four will need to provide pharmacy needle exchange services.

To help commissioners design and pay for pharmaceutical drug user services, the National Treatment Agency for Substance Misuse, the RPSGB and PSNC have published guidance, *Best practice guidance for commissioners and providers of pharmaceutical services to drug users*.

The guidance outlines how the new pharmacy contract, supplementary prescribing, enhanced services, pharmacists with a special interest and consultant pharmacists all present new opportunities for pharmacy-led services. The guide outlines:

- The new pharmacy contract, and the need for commissioners to work with PCTs and PCOs, LPCs, specialist services and pharmacists working in secondary care.
- Remunerating community pharmacists, and advice on calculating payments for enhanced services using the PSNC/NHS Confederation toolkit.
- The enhanced service



Graham Notman: "Provide training and support for pharmacists"

specification for pharmacy needle exchange, supervised consumption of prescribed medicines and supplementary prescribing.

- Current and future roles for pharmacists in the provision of services to substance users, including consultant pharmacists, and those with special interests.
- The co-ordination of pharmacy drug misuse services with other services.

For providers, the guidance outlines commissioner expectations of pharmaceutical services.

Currently, there are around 14 million contacts between pharmacists and drug misusers each year. According to the NTA,

pharmacists remain an underused point of contact for the drug misusing population.

But pharmacists active in providing drug misuse services urge caution over promoting a 'one size fits all' approach, although they agree that the document is a welcome recognition of pharmacy's ability to treat such patients.

Stuart Notman of Notman Pharmacy, Aberdeen, commented: "There is a danger of people getting involved because of remuneration or contractual obligations, but patients can be difficult. Perhaps a better answer is to provide training and support, and grade shops according to their ability to cope."

FINANCE

No contract funding offer yet from DH

The Department of Health has still not made a contract funding offer for the year that will start on April 1, PSNC has said.

The negotiating body said it was basing its negotiations on last year's £1.766 billion sum, plus prescription volume growth, inflation and extra regulatory costs.

Also under discussion with the DH is the ceiling for medicines use reviews, which PSNC wants increased from 250 per pharmacy. PSNC declined to comment on what would happen to the underspend from the 2005-06 MUR funding allocation and whether the number of advanced contract services was likely to rise.

This month's PSNC committee meeting also considered remote supervision, as outlined in the recently published *Health Bill (C&D, November 5, 2005, p4)*.

PSNC said it was concerned that, under the proposals, pharmacists could be away from the pharmacy for excessive periods of time. It will be lobbying against any changes in legislation.

PSNC has met with the DH to discuss pharmacies that had opened under the 100-hour control of entry exemption yet were not providing a full range of pharmaceutical services.

The organisation is also aware that some such pharmacies had been established by GP practices which have been directing prescriptions to their own pharmacy.

AF

For more information:
www.tinyurl.com/qv852

Failing suppliers will be sacked



Lindsay McClure says long-term oxygen supply arrangements are still under review

PCTs will be able to force oxygen suppliers to hand over their home oxygen contracts if they fail to meet the required service standards, senior ministers have confirmed.

Health minister Jane Kennedy has told Conservative front bench health spokesman Dr Andrew Murrison that PCTs hold responsibility for performance-managing these contracts. "There are financial, as well as other penalties for not meeting the required service standards, including termination of the contract," she said.

PSNC says it will be closely monitoring supplier performances for signs of ongoing failure, and is maintaining its call for the oxygen supply service to be opened up to pharmacists on an on-going basis. According to PSNC head of information services Lindsay McClure, the long-term oxygen supply arrangements are still under review, although the Department of Health has signalled its intention to stop reimbursing oxygen prescriptions from July 31.

In light of the new announcement, PSNC is urging

ministers to think very carefully about making changes until there is confidence in the ability of new suppliers to meet their contractual requirements. It is also emphasising the need to give contractors as much notice as possible of any future changes.

AC

Don't forget to fill in your C&D Choice in Oxygen petition. Additional copies are available on www.dotpharmacy.co.uk Send it to us at the C&D offices

CIO
CHOICE IN OXYGEN

Inbrief

CD guidance

Guidance on the new Controlled Drugs requirements being implemented in England next month has been produced by the Royal Pharmaceutical Society.

The document describes the changes affecting NHS and private prescriptions, record keeping, inspection, monitoring, safekeeping and destruction of CDs. Guidance for Wales and Scotland will be developed as details and timetables for change are agreed. Copies are available by telephoning 020 7572 2208 or e-mailing qualityimprovement@rpsgb.org.

Rx Systems

Rx Systems has passed release one compliance for the electronic prescription service (EPS) and will begin live testing in a pharmacy by the end of March.

Chloramphenicol

Martindale Pharmaceuticals' chloramphenicol eye ointment 1% w/w 4g, bearing the batch number 621323 and expiry August 2008, has been recalled.

Tubes bearing the above information have been mislabelled as hydrocortisone eye ointment 1% w/w. Any stock of either product carrying the affected batch number should be returned to the supplier for credit or replacement. For more information, contact Martindale customer services on 01277 266610.

WFI recall

BM Browne UK is recalling a batch of Water for Injection 10ml 50s because of a labelling error.

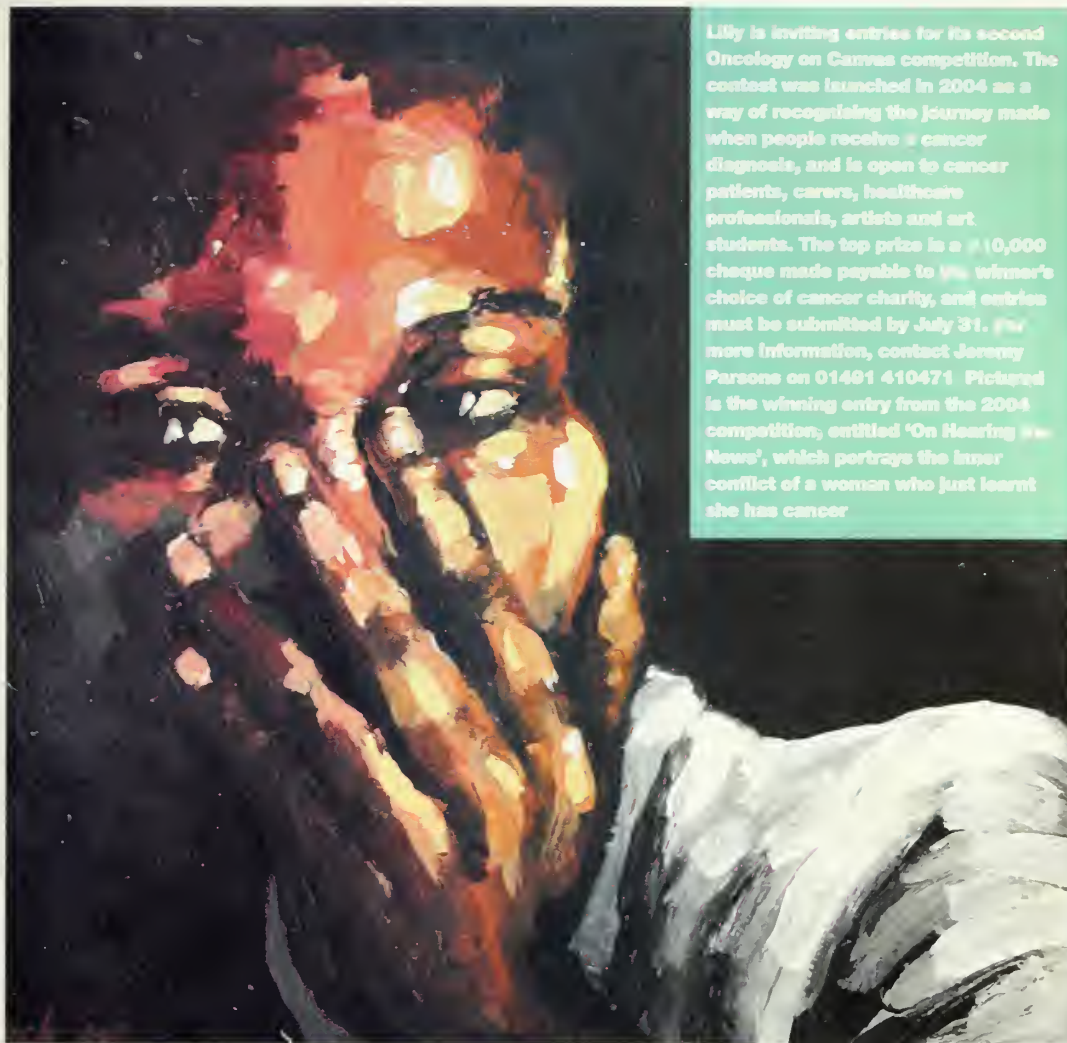
First distributed last month, the affected stock is batch number 06006-0102214, expiry January 2008. Pharmacists should quarantine any remaining stock and return it to their supplier for credit or replacement. For more information, contact BM Browne on 0118 930 5333.

Oramorph recall

Boehringer Ingelheim is recalling a batch of Oramorph Oral Solution 10mg/5ml due to the absence of labels on a number of the 100ml bottles. The affected batch number is 631067A, expiry January 2009. For more information call 01344 741101.

Head lice

Last week's Pharmacy Update article on head lice (*C&D*, March 18, p25), referred to two dimeticone products now being available to treat head lice. This should have read "silicone-based products".



Lilly is inviting entries for its second Oncology on Canvas competition. The contest was launched in 2004 as a way of recognising the journey made when people receive a cancer diagnosis, and is open to cancer patients, carers, healthcare professionals, artists and art students. The top prize is a £10,000 cheque made payable to the winner's choice of cancer charity, and entries must be submitted by July 31. For more information, contact Jeremy Parsons on 01491 410471. Pictured is the winning entry from the 2004 competition, entitled 'On Hearing News', which portrays the inner conflict of a woman who just learnt she has cancer.

IT

Contractor smartcard scare

by Max Gosney

Sharing smartcards could lead to pharmacists being wrongly blamed for dispensing errors, an IT event organised by East Sussex Local Pharmaceutical Committee (LPC) has warned.

A lack of information about the professional impact of the technology which will be required to operate ETP could leave pharmacists at risk, claimed IT experts.

Graham Delves, pharmacy IT lead for East Sussex, said: "It scares me to death. If you are the pharmacy cardholder and a patient is killed because of a mistake while you're away on holiday, if your card is in the machine then will you still be held accountable?"

The possibility of loss and theft of smartcards could also lead to "black market" trading of the technology, said Mr Delves during a presentation to over 100 local pharmacists and

PCT representatives last week.

But despite his concerns the IT lead expressed commitment to introducing smartcards to local pharmacies by June this year.

Mr Delves said: "I think this is one of the most exciting things that's happened for pharmacy and I'm desperate to see it go right."



Vanessa Taylor sees major accountability issues

However, local pharmacists remained cautious towards the technology. Vanessa Taylor, professional executive officer at East Sussex LPC, said there were huge accountability issues. "As a pharmacist I wouldn't leave my card in the machine for other people to use. I think some guidelines from PSNC would be helpful," she said.

ETP experts attempted to ease pharmacists' fears. Gary Mortimer, IT project manager, Surrey and Sussex Strategic Health Authority, said: "In release one of ETP, pharmacists and locums receive a card and are responsible for other users of that card. This will be replaced with a more complex model for release two of ETP."

Lindsay McClure, PSNC information services head, said the organisation would continue to support pharmacists' IT needs and would publish details of local LPCs running IT events via its website, www.psn.org.uk

Lloydspharmacy owner shrugs off tough UK trading to hit profit high

by Max Gosney

Healthcare firm Celesio has revealed record-breaking profits of €554.5 million (£384m) in 2005 despite the impact of regulatory burdens on its Lloydspharmacy business.

The German firm said NHS price reductions on prescription preparations had restricted revenue "in local currency" to a 2.5 per cent rise in the UK compared to a 3.2 per cent increase across Europe.

However, Lloydspharmacy's success in supplying healthcare services had ensured "good growth" in a stuttering market, claimed Celesio.

In an exclusive interview with *C&D* at Celesio's annual results announcement in Stuttgart, Germany, Stefan Meister, head of Celesio pharmacies, said: "One element of regulatory change was the pricing pressures in the UK,

which led to a dampening of turnover growth.

"Despite this challenge we increased profits by focusing on being the premium pharmacy provider in the community, with a broad range of healthcare services."

Mr Meister praised the efforts of Lloydspharmacy staff in responding to professional change. "The way the UK business has responded to the new contract is very pleasing. I'm delighted with how well prepared we have been," he said. "There will always be regulatory challenges, but it's about ensuring the key factors are there for success."

An improved product range and expansion of own-brand medicines had also boosted Lloydspharmacy's market position, stated Celesio.

The pharmacy chain, which increased by 110 to 1,527 stores in 2005, could be set for further



Stefan Meister: "Delighted with how well prepared we've been"

expansion in 2006, revealed Mr Meister. "We will look at attractive acquisition opportunities. But, I also stress we are not buying for the sake of numbers."

Celesio's pharmacy division,

which includes 2,045 pharmacies across Europe, enjoyed a 14.8 per cent rise in like-for-like pre-tax profits to €235m (£163m), confirmed Celesio.

The firm's wholesale division increased profits by 7.9 per cent to €356m (£246.9m). Revenue at Celesio's UK arm, AAH Pharmaceuticals, was up 4.5 per cent in a market "hit by government price cuts", revealed Celesio.

2005 results

Turnover: €20.5 billion (£14.2bn)
Total pharmacy revenue: €2,949.7m (£2,046.3m)
UK pharmacy revenue: €2,025.2m (£1,405m)
Total wholesale revenue: €16,946.5m (£11,753m)
UK wholesale revenue: €3,193.5m (£2,214.7m)
Revenue and profit increased for the 19th successive year.

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abstinence not achieved after three month period, further treatment may be recommended following a re-evaluation of the patient's motivation by a clinician). Children and young adults: To be used in people under 18 years only on medical advice. **Contra-indications:** Non-smokers, occasional smokers. As with smoking, Nicotinell is contra-indicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, skin diseases preventing patch application and known hypersensitivity to any of the excipients. **Precautions:** Discontinue use if persistent skin reaction occurs when using the patch. **Pregnancy and Lactation:** To be used only on medical advice.

MARKETING

'Speed dating' for business success

What is believed to be the first 'meet the market' for overseas suppliers interested in the UK pharmacy market has taken place this week.

Likened to 'speed dating for business', suppliers wanting to enter the UK pharmacy sector met with representatives of 70 per cent of the UK retail pharmacy sector. One day of the event was given over to a series of 15 minute appointments, allowing suppliers from North America and Holland to meet UK retailers. In addition, the three day New Frontiers event gave suppliers an overview of the pharmacy market, including health and regulatory policy as well as marketing hints.

New Frontiers has been set up by the Company Chemists Association, which represents the large pharmacy multiples. However, it has encouraged other pharmacy organisations to participate. Non-CCA members attending included Nucare, Numark, Avicenna, members of the Association of Independent

Overseas suppliers met with UK pharmacy organisations in the 'speed dating for business' programme at the New Frontiers conference



Multiple Pharmacies as well as Co-op pharmacy groups.

The CCA has worked with its equivalent body in the United States, the National Association of Chain Drug Stores, as well as the commercial service division of the US Embassy to introduce overseas suppliers to the UK pharmacy sector. Opening the event, Georgina Craig, head of communications and partnership management at the CCA, said:

"There are a lot of products out there that are not known to the UK, but which would be very useful to help us deliver pharmacy services in the UK.

"We want to expose our retailers to some of the innovative brands abroad. But it's very important for the CCA that we share that outside our boundaries. It's a key aim for us to grow the community pharmacy market ... and to work

with other members of the community pharmacy sector."

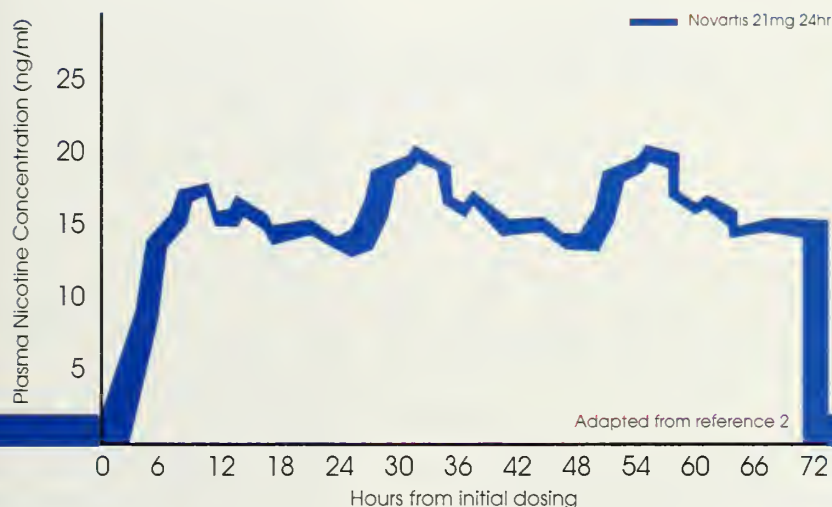
One of the overseas suppliers, Bob Rose of Venalink/Jones Packaging of London, Ontario, has been a regular attendee at similar events in the USA, organised by the NACDS. He thought the inaugural New Frontiers event was going well: "It's an extremely economical way for a company to visit all the key people in all the pharmacy multiples in a short time," he said.

Other suppliers were equally positive, having learnt about the cultural as well as regulatory changes needed to launch products in the UK. Ashton Maaraba of FlavoRx, a flavouring additive for medicines to improve compliance, had positive feedback about FlavoRx: "We have a lot of questions to answer, but everyone thinks it's a great opportunity as there's a major problem with compliance."

● C&D will publish a special supplement on New Frontiers next month.

CRG

...Nicotinell: a 24-hour patch with a profile to match.



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PROFILE - IT NEEDN'T BE HELL WITH NICOTINELL

Side Effects: Events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. Nicotine Patches: most common adverse effects are reactions at the application site (usually erythema or pruritus). **Legal Category:** GSL **Product Licence Nos, Trade Price and Suggested Retail Price:** Nicotinell TTS10 (PL 0030/0107) in packs of 7 patches £9.11, £15.99; Nicotinell TTS20 (PL 0030/0108) in packs of 7 patches £9.40, £16.49; Nicotinell TTS30 (PL 0030/0109) in packs of 7 patches £9.97, £17.49 and 21 patches £24.51, £42.99. PL Holder: Novartis Consumer Health, Horsham, West Sussex RH12 5AB **Date of Preparation:** November 2005.

References: 1. Ussher M, West R, 2003. Diurnal variations in first lapses to smoking for nicotine patch users. *Hum Psychopharmacol Clin Exp* 18:345-349. 2. Fant RF et al. A pharmacokinetic crossover study to compare the absorption characteristics of three transdermal nicotine patches. *Pharmacol & Biochem Behaviour* 67:479-482. 3. R. West and S. Shiffman. Smoking cessation. Fast facts. "Treatments to aid smoking cessation - data from Cochrane reviews of relevant randomised controlled trials" p57

Smoking cessation: Adults (over 18 years): Smoking cessation: After 3 months ad libitum dosage, Nicorette gum should be gradually withdrawn. Smoking reduction: Use the gum between smoking episodes to reduce smoking. A quit attempt should be made as soon as the smoker feels ready. Professional advice should be sought if no reduction in 6 weeks or no quit attempt in 9 months. Each piece should be chewed slowly for 30 minutes. No more than 15 pieces of gum should be used each day. Adolescents (12 to 18 years): Smoking cessation: After 8 weeks ad libitum dosage, reduce gum use over 4 weeks. If not stopped by 12 weeks, a healthcare professional should be consulted. Smoking reduction: Only after consulting a healthcare professional. Under 12 years: Not recommended.

Contraindications: Hypersensitivity

Precautions: Denture wearers, GI disease, unstable cardiovascular disease, diabetes mellitus, uncontrolled hyperthyroidism, pheochromocytoma, renal or hepatic impairment. Keep out of reach and sight of children and dispose of with care.

Pregnancy & lactation: Only after consulting a healthcare professional. Side effects: Headache, sore mouth or throat, jaw-muscle ache, GI discomfort, hiccups, nausea, vomiting, dizziness, erythema, urticaria, palpitations, allergic reactions, reversible atrial fibrillation. RRP (ex VAT): 2mg gum (30) £5.25, (105) £8.89; 4mg gum (30) £3.99, (105) £10.83. Legal category: GSL. PL numbers: 00032/0248, 0249, 0250, 0251, 0283, 0295. PL holder: Pharmacia Limited, Ramsgate Rd, Sandwich, Kent CT13 9NJ. Date of preparation: November 2005.

Nicorette Inhalator Product Information: Presentation: Inhalation cartridge containing 10mg nicotine for oromucosal use via a mouthpiece. **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. It is used to help smokers ready to stop smoking immediately and also to help smokers who need to cut down their cigarette use before stopping. **Dosage:** Adults (over 18 years): Smoking cessation: 6-12 cartridges per day for 8 weeks. Halve the number of cartridges in weeks 9 and 10. Reduce to zero by end of week 12. Smoking reduction: Use between smoking episodes to reduce smoking. A quit attempt should be made as soon as the smoker feels ready. Professional advice should be sought if no reduction in 6 weeks or no quit attempt in 9 months. Adolescents (12 to 18 years): Smoking cessation: As adult dosage, but duration of treatment should not exceed 12 weeks without consulting a healthcare professional. Smoking reduction: Only after consulting a healthcare professional. Under 12 years: Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Unstable cardiovascular disease, diabetes mellitus, uncontrolled hyperthyroidism, phaeochromocytoma, hepatic or renal disease, chronic throat disease or bronchospastic disease. Stopping smoking may alter the metabolism of certain drugs. Best used at room temperature. Keep out of reach and sight of children and dispose of with care. **Pregnancy & lactation:** Only after consulting a healthcare professional. **Side effects:** Cough, irritation of throat and mouth, headache, nasal congestion, nausea, vomiting, hiccups, palpitations, GI discomfort, dizziness, reversible atrial fibrillation. RRP (ex VAT): 6-Star pack £5.95, 42-Refill pack £19.95. **Legal category:** P. P.L holder: Pharmacia Limited, Ramsgate Road, Sandwich, Kent. CT13 9NJ. **PL number:** 00032/0280. **Date of preparation:** November 2006. **Reference:** 1. IRI (OTC) MAT & YTD figures. Value 29/10/05.

Date of preparation: February 2006.
01116



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GPs and NHS reforms are 'holding profession back'

by Gary Paraguri

Pharmacy development is being held back as GPs take advantage of reforms to primary care, an independent contractor has warned.

From opening pharmacies under the new control of entry rules to the formation of 'super surgeries' with pharmacies, NHS restructuring is threatening the viability of the existing pharmacy network, claims Graham Phillips, a pharmacy contractor in Hertfordshire.

Mr Phillips, also a member of the RPSGB's Council, has called on the Society to take the lead in lobbying the government to ensure pharmacy services are better developed to benefit patients.

He has called for a "policy decision at high level in government" to ensure pharmacy services were not overlooked at local level. There was no guaranteed pharmacy input into strategic health authorities, he added, which makes it "impossible to challenge the



Graham Phillips: viability of the pharmacy network threatened

inequitable behaviour of certain PCTs".

Mr Phillips has also challenged comments by health minister Lord Warner that pharmacists had nothing to fear when GPs take over commissioning health services (*C&D*, March 11, p5).

Lord Warner claimed GPs did

not "try to do down pharmacy" but Mr Phillips said Lord Warner did not "address the reality". Many GPs just see it as "their money and their primary care", said Mr Phillips.

Further, PCTs struggling with deficits are not investing in pharmacy services, Mr Phillips has claimed. His local PCT had no money to support the contract implementation group, and had not done a pharmaceutical needs assessment or commissioned any enhanced services, he said.

Mr Phillips wants to see ring-fenced funds for enhanced services and a political commitment from the Government to monitor the rollout of such services. "Why not re-cycle the missing £39 million MUR money to commission enhanced pharmacy services?" he asked. "It's no different for independents or multiples, we all want to provide local solutions and services need to be commissioned," he said. But the lack of government commitment is "halting the entire profession in its tracks".

POLICY

GPs advised they can keep savings from commissioning

GPs can take any savings made by practice based commissioning as pay, GPs are being officially advised.

The new guidance, which comes from the General Practitioners Committee, states that savings made from commissioning budgets can be used for investment into capital projects, including premises, staff and equipment.

Although the GPC admits that detail is still "lacking" on the initiative, it believes that this has been left vague intentionally "in order not to constrain innovation".

In the new guidance, *Practice based commissioning: GPC guidance for GPs and LMCs*, the GPC also refers to the technical guidance from the Department of Health on practice based commissioning, issued in February.

This states that: "Practices and

PCTs are encouraged to make full utilisation of existing experienced commissioning staff who may currently be based within a practice or PCT."

It is also understood that the GPC is taking the stance that practice based commissioning is a directed enhanced service (DES) in England, and as such, there is precedent that a DES allows for paying GPs and staff.

Commenting, Terry Silverstone, secretary of Kingston, Richmond & Twickenham LPC, said: "GPs run their own businesses and are in business to make a reasonable living.

"The concern is that unless the governance is correct, GPs will commission themselves and not pharmacists or other healthcare professionals. This puts pharmacy on the backburner."

AC

Inbrief

Analyst debut

Analyst, from Positive Solutions, is a new system for handling the electronic minor ailments service in Scotland. The system gives users access to a patient's dispensing history as well as OTC sales, directly from the point of sale, and it can send encrypted e-mails to PCTs. It is currently operating in the Grampian-based Charles Michie group.

QicScript upgrade

Systems Solutions' QicScript Patient Medication Record system now features an interventions recording module to support the delivery of advanced services. Interventions made as part of a medicines use review can be recorded manually or automatically as a pharmacist dispenses. Existing customers can receive the new module as a free upgrade.

Stoma list

The Scottish Executive has issued a reminder that only those on the stoma service suppliers' national list will be able to provide stoma appliances from April 1.

Appliance contractors were invited to join the list – available at <http://tinyurl.com/myhsw> – last October. However, the Scottish health department has said that NHS boards may make supplementary arrangements if patients do not have ready access to products.

MUR feedback

PSNC is seeking feedback from pharmacists on the medicines use review service of the new pharmacy contract. It is keen to hear how the design of the MUR form can be improved. Comments should be sent to Alastair Buxton at alastair.buxton@psnc.org.uk

Questiontime

This week's question:

What is likely to be the most significant impact of practice based commissioning?

- Will improve local healthcare
- Will benefit all health professions
- Will hold pharmacy services back
- Will benefit GPs at expense of others
- No change to the status quo

You have until noon on March 28 to vote at www.dotpharmacy.com. We will publish the results in *C&D* on April 1.



Rowlands has boosted its pharmacy portfolio to over 400 branches. The company added 18 pharmacies by acquiring St Helens based Chemicare Health Ltd. Rowlands' commercial director Kenry Black (left) and area manager John Preston (second from right) celebrate the acquisition with pharmacy staff and Rowlands' owl mascot after completing the takeover of the company's 400th branch, the Guardian St Pharmacy, in Warrington

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Work pressures top RPSGB's practice agenda

by Gary Paraguri

Workforce pressures, counterfeit medicines and the prescribing of strong opioids topped the agenda at the RPSGB's latest practice committee meeting.

A report highlighting areas where the Society can help pharmacists to cope with rising work pressures will be published this spring, according to David Pruce, RPSGB practice and quality improvement director.

The RPSGB has already issued guidance on rest breaks for pharmacists, but is keen to see initiatives such as original pack dispensing being rolled out to aid workflow in dispensaries, said Mr Pruce.

Although welcoming the link between dispensing volumes and staffing in England and Wales's new pharmacy contract, Mr Pruce said it did not reflect all the responsibilities that pharmacists

had, such as OTC sales and additional professional services.

To tackle the issue of counterfeit medicines, the Society will launch a logo for use by internet pharmacies within the next month, according to Mr Pruce.

Clicking on the logo will take surfers to the RPSGB's online register to check the pharmacy's authenticity. This will also raise consumer awareness of the issues.

On the issue of strong opioids, Mr Pruce said last month's practice committee statement that sustained release morphine preparations and opioid patches should be prescribed by brand was not a final policy position.

The issue is still under discussion but there remain concerns about prescribing such products generically, he said.

Both the *BNF* and the National Patient Safety Association had been contacted by the RPSGB,



David Pruce: report on work pressure due this spring

but the *BNF* needed to be convinced that there was a sufficient problem to warrant prescribing such products by their brand name, Mr Pruce said.

The RPSGB has submitted evidence to the Health Select Committee's investigator in workforce planning for the health service.

PRACTICE

Fat fighters

PharmacyHealthLink has voiced concern about rising rates of childhood obesity, which costs the NHS around £1 billion each year.

The charity backed the School Food Trust's recommendations that children should have no access to sweets and soft drinks at school. Instead, healthier options such as fruit should be available.

Terry Maguire, vice-chairman of PHL, called on community pharmacy to help tackle childhood obesity. He said: "Some pharmacies could go into schools and talk to parent groups."

GP

PRACTICE

Cancer move

Pharmacies in Cannock Chase are participating in a PCT-wide cancer awareness campaign. The PCT hopes educational material distributed through pharmacies will reach populations who do not frequently access health and social services.

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PRACTICE

Hundreds drop in to quit with Tyneside partnership

More than 500 smokers have used a quit service with pharmacy input that began last month (*C&D*, February 18, 2006).

South Tyneside PCT's stop smoking co-ordinator Maria Williams said: "It's been absolutely amazing. It's been a

proper partnership between the PCT, pharmacists and everyone involved."

Over the next three Saturdays, even more people are expected to attend, following the success of the last five Saturday morning sessions.

"Only about half the GPs in the area managed to send out personal invitations to patients before the sessions started, so hundreds more people could turn up," said Ms Williams. She expects the project to cost between £40,000 and £50,000.

JE

WALES

Medicines Strategy Group meets

Risk-sharing schemes, independent prescribing and patient reporting of adverse drug reactions were the three main topics discussed at the All Wales Medicines Strategy Group meeting in Neath, Port Talbot earlier this month.

Some members stated that risk-sharing schemes could be of potential interest to commissioners and industry. Others noted the increasing complexity of monitoring and it was felt that consistent outcome measures would be difficult to achieve.

Further comments covered the cost of administration and monitoring and concern that the infrastructure was not in place to collect full and accurate data.

Members stressed that sharing should be a UK-wide issue and not solely for Wales, and the views of SMC and Nice should be sought.

PRACTICE

UniChem gives consultative boards a new identity



Chris Martin, national chairman

UniChem will re-brand its pharmacy consultative boards as UniChem customer forums (UCF) this June.

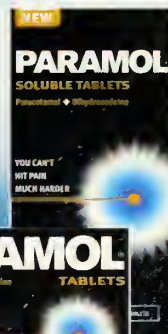
The change aims to give the scheme a strong visual identity, raise awareness, enhance reputation and attract members said UniChem.

Chris Martin, national chairman of the UCFs, said: "We have an industry full of acronyms so we wanted something indicative

of what we do. It's like Ronseal paint, it does exactly what it says on the tin."

The forums will feature initiatives including a mentoring project with the British Pharmacy Students Association, which aims to assist independent pharmacists with recruitment, said Mr Martin. He added that the forums would continue to enable discussion between UniChem and its customers on best practice.

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MUR concerns expected to fuel LPC debates

Medicines use reviews, IT and remuneration for low-volume contracts featured among the resolutions being discussed at the annual LPC conference on Wednesday.

Leicestershire LPC contributed to the MUR debate with a resolution that PSNC should press the Department of Health to include the number of MURs conducted in each primary care organisation as part of their performance monitoring requirements.

Kingston, Richmond & Twickenham LPC proposed a resolution that MURs containing more than five prescribed medicines should be funded at a 10 per cent per item premium, up to a maximum of 50 per cent. An additional 50 per cent of the fee should also be added if an MUR identifies a medicine that is either inappropriate or no longer needed.

LPC representatives from Hertfordshire were to voice their concern that a national strategy to

facilitate the engagement of GPs in the MUR process is needed to improve inter-professional communication. The LPC also believes that the process could be facilitated by an electronic MUR template. Suffolk LPC was also due to suggest an increase in the number of MURs to 400.

Turning to IT, PSNC had been made aware of several LPCs' concerns about possible prescription direction. PSNC pointed out that existing regulations prohibit prescribers using an electronic prescription service from seeking to direct prescriptions, and revealed that the Department of Health is currently investigating how the EPS system can support PCT monitoring.

According to PSNC, the phased implementation of ETP has been designed to prevent significant competitive imbalances while the infrastructure to support ETP is being put in place. PSNC has also requested that the regulations are amended to cover

the direction of paper-based prescriptions.

Another theme of the conference was remuneration for low volume contractors.

PSNC has accepted Ealing, Hammersmith & Hounslow LPC's request that it negotiate to allow contractors dispensing more than 1,100 items per month, and who participate in initiatives that provide a proxy prescription (eg medicines supplied under a PGD, or minor ailments scheme) to count those verified proxy prescriptions towards the threshold quantity for the purposes of the annual establishment payment.

PSNC has also accepted Croydon LPC's resolution that it should negotiate a new form of LPS for community pharmacies dispensing in excess of 1,100 items.

Delegates were discussing the resolutions on Wednesday as *C&D* went to press. A report on the conference will appear in next week's *C&D*. **AC**

IT

System to monitor violence and fraud

A video surveillance system has been launched by pharmacy IT supplier Positive Solutions.

The Analyst Event Monitor uses small cameras mounted at key points in the pharmacy and can be programmed to record events such as dispensing, using the till and handling CDs.

John Davies, retail services director at pharmaceutical wholesaler Mawdsleys, of which PSL is a division, said: "The system has been site-tested and is now available for sale. It can be programmed to record a specific event in the pharmacy as well as being used in clinical governance aspects such as supervising methadone users by providing a visual record of their use of a Controlled Drug.

"It is a fully integrated security product that can be linked to PMR and EPOs systems as it runs off the same software and database."

PRACTICE

Pharmacists 'need public health training'

Many pharmacists are unable to take on public health roles because they do not receive appropriate training, the UK Public Health Association has said.

Jill Jesson, chair of the UKPHA pharmacy special interest group, said that pharmacy undergraduate training was too clinical and lacked emphasis on public health, possibly because lecturers lacked the relevant expertise.

Communication skills were "woefully inadequate" and were not helped by the lack of patient contact pharmacy students had during their training. Once qualified, pharmacists were often unable to take on new roles because they were tied to the dispensary bench or trying to run a competitive business, she said.

The new pharmacy contract and remuneration were likely to make a difference, but the high proportion of the workforce working as locums, and GP distrust of pharmacists posed other problems, Dr Jesson told delegates at the UKPHA annual forum last week. **AF/VW**

INDUSTRY

Boots AU deal faces Celesio challenge

Celesio has challenged the Office of Fair Trading's decision to give Boots's proposed £7 billion merger with Alliance UniChem (AU) the go-ahead.

The company, which owns Lloydspharmacy, confirmed it would "shortly be submitting an appeal" to the Competition Appeal Tribunal over the deal.

A Celesio spokesman said: "The public rely on community pharmacy as a frontline health

service. We believe that such a significant change to the market requires further consideration."

Boots said it would seek permission to intervene formally in the proceedings in support of the OFT. A Boots spokesman said Celesio was "within their rights" to challenge the decision. "We knew all along there was an appeals process and have never taken anything for granted."

Boots's proposed tie-up with



AU would topple Lloydspharmacy from its position as having the most pharmacy outlets in the UK. **MG**

POLICY

Dispensing doctors pay unchanged, says DDA

The Dispensing Doctors' Association chief executive has heralded their new remuneration arrangements as "cost neutral".

Although the fee structure has yet to be published, the total sum is "exactly the same as if on-cost had continued", said David Baker. Modelling had shown that most dispensing doctors were likely to maintain the same level of

income, but he admitted: "Outliers could lose or gain vast quantities of money."

Other aspects of the new remuneration arrangements for dispensing practices, effective from April 1, include:

- A VAT allowance to be paid for all personally administered items, as long as all practices register for VAT by the end of March.

- 10 per cent of the existing container allowance retained to cover non-original pack dispensing.
- £1.4 million to fund compliance with the *Disability Discrimination Act* (equivalent to half the amount awarded under the new pharmacy contract, pro rata).
- Negotiations for redistribution of lost on-cost money are ongoing.


AF

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POM

Opinion

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Praise for oxygen campaign

I wish to thank C&D for its excellent oxygen campaign. Badham Pharmacy Ltd have been providing oxygen services from day one. We offer this as part of our 24 hour, seven day a week service which we have done since my father set up the firm 65 years ago.

At one time the viability of providing oxygen was highly questionable, but we took the view that we wanted to offer our patients a seamless service at their time of need. The decision to move this vital service away from community pharmacy is clearly not in the best interests of the patients, but is in my view based solely on the assumption that the new regional providers will offer it at a lower cost.

There are two important issues to consider here. Firstly, they cannot substitute the service provided by the local community pharmacy; we support this service with expertise and knowledge of the patient that is unique to us. Secondly, I am sure that the new providers will actually cost the taxpayer significantly more. One of our patients has been advised that they need three concentrators in their house; I

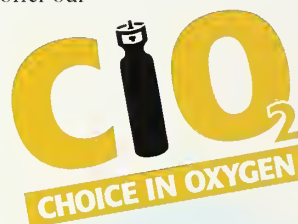
dare not think of the cost.

We have heard horror stories from our patients, confirming that after three days of constant phoning they have still been unable to even contact the new provider, and others who have been told that six to eight weeks is the normal installation period.

It is wholly unacceptable – we are told that community pharmacy is core to the future of local services, and is best placed to support patients after discharge from hospital and then this important service is taken off us. The message is not consistent, it does not build confidence in the empty promises we have been given. Our patients will be losers as they are forced into this inferior substitution provider position and even into hospital.

We are collecting signatures on your petition form, and the public are very keen to keep this service with their local community pharmacy. It was a great shame they were not consulted more fully before their health has been put seriously at risk. The new regulations encourage choice; where is the choice in this service?

Peter Badham,
Badham Pharmacy Ltd.



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Send us your top tips in conducting medicines use reviews and we will pay £25 if published.

Sally Roberts, Roberts Chemists Ltd, Wareham, Dorset:
Reduce the size of the form.

I've reduced the size of each page on the MUR form by a half, to A5 size and thus made all four pages fit on two sides of an A4 sheet of paper. This makes the form easy to handle for pharmacist, patient and GP and pages two and three can be read straight across the middle of a four page booklet. You have to be able to write small and legibly but the completed form can be quickly photocopied to file one copy and send a copy to the GP.

Send your top tips to C&D at chemdrug@cmpinformation.com or fax to 01732 367065 and you could win £25.

Lambeth OUTLOOK

Will she, won't she?

The fortunes of the health ministry have been mixed over the past few weeks, says Beverley Parkin, director of public affairs at the Royal Pharmaceutical Society

The financial crisis in the NHS and the recent resignation of Sir Nigel Crisp as NHS chief executive pose yet more challenges to the position of the secretary of state for health. Her mettle having been tempered by some other recent difficult circumstances, she may be in a better position to weather the current storms around the financial and organisational state of the NHS.

It started with that rather extraordinary episode last year involving the former health secretary, John Reid, now at the Ministry of Defence. Tempers flared over the government's formal position on the English workplace smoking ban to the extent that Dr Reid rolled his tanks down Whitehall in pursuit of a partial ban. It quickly became clear that Patricia Hewitt was in favour of a full ban but was being routed at Cabinet level.

For a period, Ms Hewitt looked weak and there were dark mutterings about her position being untenable. She was in the extraordinary position where her Department was forced to promote a policy which neither she nor, it is rumoured, a good proportion of her team, supported. That policy had been proposed and backed by non-health ministers for specific political reasons.

There then followed an incredibly nimble piece of parliamentary footwork which must have involved some pretty intensive negotiations with Number 10 and the Whips' Office. Ms Hewitt may not have prevailed in the policy debate at Cabinet but alongside parliamentary colleagues she gambled on a technical victory through a Commons free vote.

With rumours circulating that even the Prime Minister was likely to vote in favour of the full ban, there seemed little doubt that the day would be carried by the health secretary. With the Society and other health organisations pushing hard for a full ban, even MPs with a 40-a-day habit voted in favour of



it and Patricia Hewitt's reputation as a strong, politically astute operator was salvaged, at least for the moment.

Now, of course, she has the challenge of steering through tough NHS reforms amid growing clamour from cash-strapped local trusts. In this climate, community pharmacists in England will need to work to ensure that PCTs recognise the value of the new, patient-focused services heralded by the new community pharmacy contractual framework.

In the Westminster village, there has been much gossip about the prospect of the long-awaited ministerial reshuffle. There should, by rights, have been a re-jig after David Blunkett's resignation and John Hutton's shift to the Department of Work and Pensions from the Cabinet Office. But the PM has held out, probably because of the huge legislative pressure on many of his front bench team at the moment.

The negative spotlight shifted from Patricia Hewitt to Ruth Kelly in January, then to Tessa Jowell in early March. With the furore over the state of the NHS now growing, the health secretary will need, once again, to demonstrate that she is both tough and a canny operator.

There have been rumours that Jane Kennedy and Rosie Winterton may be vulnerable at health. Pharmacists will be hoping for stability within the ministerial team, with whom the pharmacy organisations have had good relations in recent times.

Eurax

Skin itch dilemmas

Number 4

Winter Worries

Itch, scratch, itch – it's not just a summer problem for your customers. Winter has its fair share of itch-inducing troubles that cause your customers both discomfort and distress – from localised dry eczema to allergic rash.

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52 w/e 26 November 2005.



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NEXT TOPIC: ALLERGIC RASH

What's your
view on the
new Controlled
Drug
prescription
handling
requirements?

"I think they are
sensible and I'm in
favour"

Deepak Thakerar,
Harrow

"It's totally
unnecessary and
will increase my
workload. I think
they've made
forgery of the
system a lot easier"

Prash Patel, Newham

Where will the money go?

Just what is happening to all that money that is being pumped into the NHS? As the financial year draws to an end, and the NHS in England reveals it is overspent by a mere £900 million, there are some real concerns over what will happen in the year ahead.

Pharmacy could be vulnerable. Some PCTs have spent more than their allocation which means other PCTs may be required to bail them out. In turn, this means that those services not deemed essential may be cut to make sure minimum requirements are met. For pharmacy, which still seems to figure a long way down the pecking order when it comes to remuneration, there are fears that the doctors' demands will take precedence.

A case in point is medicines use reviews. Most pharmacy contractors will not have completed their 250 MURs by the end of this financial year, so fingers crossed that PSNC is

able to carry the money over to 2006-07.

Unfortunately, the matter of practice based commissioning is also being aired. While it is a good idea to have local commissioning of services in the community, it is what will happen with the savings that is of concern. It is GPs who will be in charge of these PbC funds; with medical bodies interpreting the rules suggesting that savings could go towards salaries, rather than commissioning new services, there seems to be a degree less transparency in the system than might have been hoped.

Surely this cannot be right?

**"There are fears
that the doctors'
demands will take
precedence"**

Your views

E-mail your views to [chemdrug @ cmpinformation.com](mailto:chemdrug@cmpinformation.com)

Frank Owens on why SPGC is placing a newspaper advert

Promoting smoking cessation

The poor health of the Scottish population has been well documented over many years. Although that record has improved recently, other European countries, including other parts of the UK, have seen greater improvements. Scotland, unfortunately, remains at the top end of international league tables on respiratory disease, coronary heart disease and, indeed, cancer.

While recognising that the provision of public health services is, by its very nature, a multidisciplinary activity, I believe that the time is now right to fully recognise and further develop the public health role of the community pharmacist.

With a network of community pharmacies strategically located both in the hearts of our local communities and in the centres of our cities, towns and villages it

TIME TO QUIT
Do you need help to
STOP SMOKING?
Ask your Community Pharmacist
for Advice and Support

Community Pharmacy
working for a healthier Scotland

Scottish Executive
SPGC
Health Scotland

seems clear that much more could be made of this network by way of accessible provision of public health services.

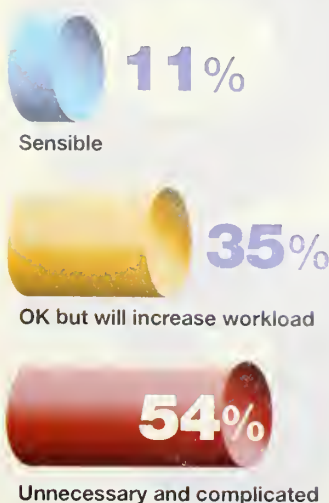
Tobacco smoking is the single biggest cause of avoidable chronic disease and preventable death. Community pharmacy can assist

in remedying this situation, particularly with the provision of smoking cessation support services.

The launch of the Scottish Executive's Smoke Free Scotland initiative seemed to us to be an ideal opportunity to promote the role of the community pharmacist – helping patients and public to give up tobacco smoking – hence the *Daily Record* advertisement.

SPGC is keen to develop the public health role of the community pharmacist, particularly around smoking cessation, and, as such, is seeking further discussions with the Scottish Executive with a view to establishing nationwide pharmacy based smoking cessation services. *Frank Owens is chairman of the Scottish Pharmaceutical General Council.*

Our online poll at
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said...



TOPICAL REFLECTIONS

Not another Nurofen



The OTC drugs industry is one of our greatest allies, but only for as long as we have a common interest. Pharmacists and OTC manufacturers both want to make as much money as possible from counter sales, and patient satisfaction makes good sense for everyone. But sometimes the manufacturers' reliance on clever marketing techniques benefits neither pharmacists nor patients.

The launch of Nurofen Max Strength Migraine Pain caplets (*C&D*, March 18, p32) brings the number of solid oral dose analgesic Nurofen variants to 11. This does not include various pack sizes, liquid or topical variants, or cold and flu products. I'm confused about where they all fit in, my patients doubly so, and my counter staff have difficulty ensuring that we keep all variants in stock at all times.

If this is how manufacturers are forced to increase their profits in a highly competitive environment, then so be it. And the new product's £1.5 million advertising campaign is bound to generate requests for the product. But I question whether these will be new customers, or whether they will be simply switching brands, or even just trading up to a more expensive Nurofen variant. From a selfish point of view, brand switching simply generates more work and does not necessarily help the patient.

I have a couple of specific grumbles about this product. I am grateful for a P product, but shouldn't this have been launched first to create a group of educated patients, rather than launch it after the Nurofen Migraine Pain GSL variant? Patients used to the GSL variant will now simply ask for the Max Strength product by name and not receive as much advice as if they had been new to the brand. And if ibuprofen lysine acts twice as fast as standard ibuprofen, aren't standard Nurofen users being deprived of a superior product?

Too much control for CDs

As if I didn't have enough Controlled Drugs problems with my new register, I learn of a whole new raft of CD bureaucracy sent to try me (*C&D*, March 18, p4). The danger is that these additional regulations will decrease access to CDs, depriving some of the sickest patients of crucial medication.

I fear that the regulations will become so onerous that when some pharmacists are presented with a CD prescription they may take the easy option and

simply deny that they have any in stock. GPs will be deterred from getting involved and more likely to prescribe a less suitable drug that does not attract all the additional paperwork.

Hopefully our new CD dispensing fee will be sufficiently large to justify at least some of the additional workload. But the sad thing is that Shipman was a one off that would not have been easily deterred and any similarly minded GPs will simply have to be more resourceful in future.

A skinny wish list

The All-Party Parliamentary Group on Skin is absolutely right when it says that pharmacists need protected learning time (*C&D*, March 18, p8). But unfortunately there are lots of other things we need that we also have no hope of getting.

GPs have protected learning time and our local surgery will close its doors to make sure that they get it. Patients have no choice but to try again later. So the implication is that pharmacists need to learn less, or they are less important. I feel that some

people in Whitehall would agree with both those sentiments but the real reason probably boils down to money.

There are so many other things on my wish list I would struggle to prioritise where any additional money should be spent, but there is no question that I am frequently asked for dermatological advice and I would benefit from additional training. Is this where some of our unused MUR funding should go?

BlackBAG

Weapons of mash destruction

Weapons grade single malt whisky is soon to hit the market. It's called 'single malt' because there is only room for one sugar molecule. At 92 per cent alcohol, this is stuff once only pharmacists were allowed to dispense, labelled 'Ethyl Alcohol BP' but lacking in any malt or, for that matter, peat.

Ireland's illicit distillers were easily caught by the excise from the tell-tale smoke and smell drifting across the sphagnum bogs. These days of environmental concern over carbon emissions, poteen producers use butane gas burners, heating mash to that magical temperature of 98°C with not a drop of pollution other than the first distillation, methyl alcohol given 'to the faeries'.

In Ireland there are innumerable visually challenged small tutu-wearing people wandering around asking for directions to the nearest strangely grouped ring of trees or tall mushrooms. In the UK we call them politicians.

In Belfast, stout was given to blood donors

It wasn't that long ago that brandy was routinely prescribed for heart conditions. In Belfast, stout was given to blood donors to help make up their iron reserves despite the fact that double XX contains not one single atom of ingestible iron. Babies were not excluded either – gripe water contained enough alcohol to set them well on the way to C_2H_5OH abuse, not to mention their mums who glugged the occasional bottle while checking for temperature. Laudanum, a healthy mix of gin and heroin, mainstay of apothecaries, was also checked for temperature on a regular basis.

Ambivalence reigns when it comes to alcohol. A hot whiskey is still considered the definitive treatment for flu. I suspect it will also help protect from prions and could at a push sterilise the equipment for a standard liver transplant. Cheers.

Dr Ian Banks is a GP practising in Northern Ireland

...how to help
...medication has been

Supply and demand

Supply problems in pharmacy seem to be occurring with increasing frequency. The first sign may be when you come across low or non-existent stock of a product usually kept on the shelf. Alternatively you may order an item for a specific prescription. At the time of ordering it appears available, yet the item will be missing on delivery.

Of course some suppliers now have websites with 'live' stock details - these can be useful, but do not yet say when product will be available and whether the

supply problem is long term. But what do you do if the manufacturer tells you that the item has been discontinued? This isn't uncommon, and while there are regulations in place designed to avoid this scenario, pharmacists are often the last to hear.

In the first seven months of 2004, more than 50 products were discontinued and almost the same number were no longer available to UK prescribers. This is because all products have a limited medical or economic lifecycle as a result of both new



product developments and changes within the marketplace. It can also be due to manufacturing restraints, difficulty sourcing active ingredients, or changes in prescribing habits. Furthermore, as the pharmaceutical industry consolidates, merged companies need to make commercial decisions based on their new portfolio of medicines. This could

result in product discontinuation - likely if the portfolio of the combined company has a number of similar medicines.

Resolving prescription queries or anomalies is a role pharmacists perform daily to ensure patients receive the correct medication. Some prescriptions are incomplete, others may order an incorrect item or strength, and



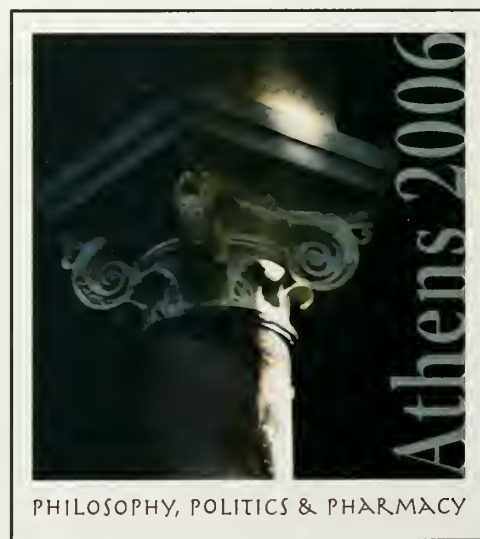
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much of this problem-solving is undertaken without having an adverse impact on the patient. But discontinuations can be more challenging.

First a phone call to the wholesaler is required to check whether the product has been discontinued or if it is just temporarily unavailable, then the manufacturer should also be contacted to confirm the information. Meanwhile, the patient must be kept aware and reassured that it will be resolved, and the GP should be informed.

The resulting GP decision could be a new prescription for a different drug in the same class or another medicine altogether. However, if the product has only been discontinued in the UK, it will still be available in other markets. If it is essential the patient is maintained on the same medicine, arrangements can be made for it to be imported via a specialist company on a named patient basis.

While all medicines in the UK must have a marketing authorisation from the Medicines and Healthcare products Regulatory Agency, there is an exemption for medicines for individual patients. With the help of a specialist distributor, pharmacists may be able to continue to source the discontinued (and now unlicensed) product. However, pharmacists will need to consider the issue of liability when purchasing and dispensing a named-patient medicine, inform both the GP and the patient that the medicine is unlicensed, and ensure provision is in the patient's best interest.

One of the problems with this course of action is that advertising of unlicensed products is not allowed, so it is impossible to know what products specialist companies can source. However, if properly managed, discontinuations needn't present such a problem, as there are industry guidelines in place.

Theoretically, product withdrawals shouldn't be a surprise for pharmacists or their patients, as in 2001 the Association of the British Pharmaceutical Industry and the

Department of Health (DH) published best practice guidelines. By following these, pharmaceutical companies should be able to prevent undue stress on prescribers, pharmacists and patients.

If there is no alternative product, companies have a responsibility to inform the DH at least 12 months before discontinuation. This sets in train a series of events which leads to a date being set for the deletion of the product from the market.

Three months before this, specialist professionals, patient groups and media are informed. This ensures that information appears in print at least two months before deletion. The final stage includes notification of wholesalers. The reasoning behind this is so wholesalers do not remove the product from their systems too early and prevent them from ordering it from the manufacturer. Hardly surprising therefore that pharmacists sometimes feel left in the dark.

The aim of all this is for pharmacists to facilitate a smooth transition, ensuring continuity of supply for patients. This is simplified if companies provide information on alternatives (where available), including unlicensed medicines available on a named patient basis.

On learning of discontinued products, pharmacists need to liaise with the manufacturer and the prescriber while keeping the patient aware of the situation. Ideally the explanation should cover why the medicine is out of stock, the course of action and an indication of when the completed prescription can be expected.

However, it may be possible to use specialist companies to help source named patient medicines or alternatives for discontinued products. In this case, the patient and GP need to know that the medicine doesn't have a product licence, but that it is still safe and appropriate. Obtaining unlicensed medicines from specialist distributors is a fairly straightforward process, as the supply will comply with UK legislation.

Supported by an unrestricted educational grant from Idis.

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Skin itch

dilemmas

Number 5

Allergic Rash

Q A customer has an angry, itchy rash on his hands and lower arms following a spell of gardening. He has started taking antihistamine tablets and the rash is subsiding but the skin is still very uncomfortable.

A This is probably dry eczema.

- The antihistamines are just beginning to halt the allergic reaction.
- Putting something on to the affected area immediately will help stop the itching and soothe the skin.
- Stopping the itch will also help to reduce the likelihood of the skin becoming more inflamed or broken which could lead to infection.

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NEXT TOPIC: CHICKENPOX



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CVD biomarkers



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1364), in association with multiple choice questions being published in *C&D* April 1, provides one hour's continuing education

Dinesh Jivanji looks at potential new ways to identify cardiovascular disease risk

Cardiovascular disease (CVD) is the leading cause of death in adults in westernised societies and is predicted to become the leading cause of mortality and disability worldwide by the year 2020.¹ CVD accounts for 40 per cent of all deaths in the UK, that is, about 233,000 deaths per year.²

The preferred method of estimating CVD risk in the UK is the Joint British Societies (JBS) prediction chart. This incorporates traditional risk factors such as systolic blood pressure, smoking status, gender, diabetes, age, and the plasma-based biomarkers total cholesterol (TC) and low-density lipoprotein cholesterol (LDL-C). It is well known, however, that more than 50 per cent of all future vascular events occur in people without overt hyperlipidaemia. Studies have also shown that 20-25 per cent of all future events occur in people with only one of these factors.³

This implies that other factors must explain variations in heart disease risk. Indeed, epidemiological and clinical

studies have identified a number of plasma biomarkers that seem to show a strong relationship with CVD risk, some of which are shown in *Table 1*.³

Some of these markers show considerable potential in their ability to predict risk over and above the conventional risk assessment tools. This article discusses two extensively studied markers, C-reactive protein (CRP) and homocysteine (Hcy), which have the potential to become CVD risk assessment tools.

C-reactive protein

CRP is an acute phase reactant that is elevated as a result of acute injury, infection, other autoimmune disorders, or malignancy.^{4,5} During an acute illness, CRP levels may increase 1,000 fold.⁶ It is produced mainly in the liver but also in coronary artery smooth muscle, particularly in diseased vessels.³ It is now believed that, apart from being a marker, CRP is also a mediator of vascular wall inflammation.¹ In

Continued on page 24 ►

Table 1: Biomarkers linked to CVD risk

Biomarker type	Biomarker
Inflammatory	High sensitivity-CRP, interleukin-6 (IL-6), tumour necrosis factor-alpha (TNF-alpha)
Altered thrombosis	Homocysteine, fibrinogen, plasminogen activator inhibitor (PAI-1), tissue-type plasminogen activator (t-PA)
Oxidative	Oxidised LDL
Altered lipids	Lipoprotein (a)

Objectives

- To be aware of C-reactive protein as a marker for CVD risk
- To be aware of homocysteine as a biomarker
- To know ways of reducing CRP levels
- To know how diet can influence homocysteine levels



Cigarette smoking is a strong trigger for the production of C-reactive protein, with smokers having CRP levels twice as high as non-smokers



Patients should ensure they are getting the recommended daily amounts of folic acid, vitamin B₆ and vitamin B₁₂ to try to keep homocysteine levels down. Food sources of these vitamins include green vegetables

2003, CRP became the first emerging biomarker recommended by a panel of experts to be used clinically in CV risk assessment in certain circumstances.⁷

CRP is the most characterised of the currently known inflammatory biomarkers of CVD and can be measured by inexpensive standardised assays.³ A simple high sensitivity CRP (hs-CRP) laboratory test can measure blood CRP levels that were formerly undetectable.^{1,5}

Multiple studies confirm increased CRP as an independent risk factor for atherogenic vascular disease.⁵ People with elevated levels show increased risk of vascular events, even in the absence of hyperlipidaemia.¹ CRP independently predicts risk of myocardial infarction (MI), stroke, peripheral artery disease and sudden cardiac death in apparently healthy subjects.³

It has also been shown that CRP is a stronger predictor of risk than the LDL-C level.⁸ Measuring both CRP and lipids appears to improve risk prediction.³ In addition, hs-CRP increases risk predictivity at all levels of LDL-C and adds weight to information provided by the Framingham risk score.^{3,8}

Factors known to reduce CRP levels include weight loss, exercise, smoking cessation and improved diet.^{1,3} Cigarette smoking is the strongest environmental trigger for CRP production; current smokers show twice the levels of CRP compared with those who never smoked.⁶ Aspirin has been found to have significant risk reduction benefits in individuals with elevated CRP levels.^{3,6}

Conditions associated with increased levels of CRP include metabolic syndrome, diabetes mellitus, elevated body mass index and high blood pressure.⁷ Elevations in CRP levels also occur with age, obesity, sedentary

lifestyle and use of oral contraceptives and hormone replacement therapy.^{1,6}

As well as reducing CV event rates in individuals with high CRP, statins reduce CRP levels by 15–20 per cent over three to six months with greater efficacy in individuals with elevated CRP levels.^{1,3,4} Such outcomes suggest that the benefits of statins may partly be mediated by their anti-inflammatory effects, so CRP measurement may help ascertain the need for statin therapy, particularly in primary prevention of MI and stroke in subjects without raised LDL-C.^{4,7}

The large multicentre Justification for the Use of statins in Primary prevention: an Intervention Trial Evaluating Rosuvastatin (JUPITER) trial is evaluating a statin for the primary prevention of CV events in adults without a history of CVD or hyperlipidaemia, but with elevated CRP.¹ The main objective is to determine the effect of long-term statin treatment on the occurrence of first major CV events.⁴

The 2003 joint American Heart Association and Centres for

Disease Control and Prevention statement gave details on the recommended use of hs-CRP in risk stratification of CV disease, as shown in *Table 2*.⁷

Overall, performing an hs-CRP test is not recommended for routine risk assessment in adults, but it may prove useful in individuals whose risk prediction is falsely low, for instance in someone with a family history of premature atherosclerosis. Screening of low-risk patients is not recommended as it is unlikely to identify high-risk status, nor is it necessary in high-risk patients as these patients already warrant intensive therapy on clinical grounds.^{1,4}

However, testing for both LDL-C and hs-CRP in intermediate-risk patients may give better risk prediction than testing for either individually.⁴ Hs-CRP screening may also be useful as an independent risk marker in evaluating the likely recurrence of events such as MI, following percutaneous coronary intervention (for example, laser assisted angioplasty, balloon stenting) in patients with acute coronary syndromes, or stable coronary artery disease. Detection of patients in the high risk category can help to reduce their risks by prompting more intense pharmacotherapy, advising on lifestyle changes and ensuring compliance with prescribed medicines.⁷

Homocysteine

Homocysteine is an amino acid derived from metabolism of dietary methionine.³ Homocysteine undergoes rapid oxidation in plasma to the disulphides homocystine (homocysteine-homocysteine) and cysteine-homocysteine.¹¹ Plasma total homocysteine (tHcy) is the sum total of homocysteine and the two disulphides.⁹

People with homocystinuria, a rare autosomal genetic disorder

can suffer from severe hyperhomocysteinaemia (>100 µmol/L), leading to premature atherothrombosis.³ This in turn may result in premature death from MI, stroke or pulmonary embolism.⁹ Thromboembolism affects 50 per cent of homocystinuria patients by age 30 years.¹⁰

In the general population, modest elevations in plasma homocysteine are common as a result of poor dietary intake of folate, vitamin B₆ and B₁₂, which are necessary for homocysteine metabolism, and polymorphism of the methylene tetrahydrofolate reductase (MTHFR) gene in which cytosine is replaced by thymidine at base position 677 of the gene.^{3,10,11} MTHFR is an enzyme involved in the remethylation of homocysteine to methionine.⁹ MTHFR gene mutation (C677T) is quite common and reduces MTHFR activity, resulting in raised tHcy levels.¹⁰

Moderate elevations of homocysteine are independently associated with coronary artery disease, MI, peripheral vascular disease, cerebrovascular disease, stroke and CV death.¹¹ One large meta-analysis showed that for each 5 µmol/l incremental increase in fasting homocysteine level, the incidence of coronary disease increased by 1.8-fold in women and 1.6-fold in men.¹¹ Furthermore, 12–47 per cent of patients with coronary, cerebral, or peripheral arterial occlusive disease show moderate and intermediate hyperhomocysteinaemia.⁹

tHcy is measured in the fasting state either by high-performance liquid chromatography or by immunoassay.^{3,11} Depending on the tHcy reading, an individual will fall into one of the categories in *Table 3*.⁹

tHcy measurement following a methionine oral load increases the sensitivity of the test.¹ In the methionine-load test, homocysteine is measured before and after an oral dose of methionine (100mg/kg of body weight). This test may identify 39 per cent of individuals with post-load hyperhomocysteinaemia but normal basal homocysteine levels. Hence, methionine-load test may be useful for CV risk assessment in high-risk subjects with normal basal levels of homocysteine.⁹

Table 2: hs-CRP levels and CV risk

hs-CRP level (mg/l)	CV risk
<1.0	Low
1.0 to 3.0	Average
>3.0	High

● Hs-CRP should be measured twice, two weeks apart, and the average calculated in metabolically stable patients. If hs-CRP >10mg/L, repeat test and examine patient for sources of infection or inflammation.

● To avoid false-positive hs-CRP readings the patient should have no obvious infection or inflammatory condition at the time of testing.¹



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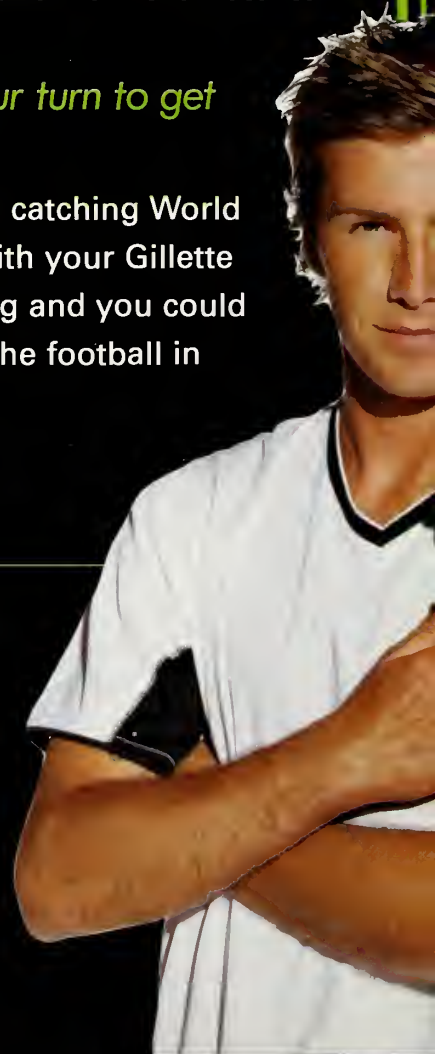
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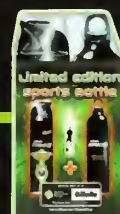
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Wholegrain cereals are a good source of folate which helps normalise homocysteine levels

Treatment of hyperhomocysteinaemia
Treatment of hyperhomocysteinaemia depends on the underlying cause. Because of the inverse relationships between homocysteine and blood concentrations of folate, B₆ and B₁₂, if a subject shows high tHcy, then it is crucial to check his/her vitamin status.⁹

Supplementation with folic acid alone or in combination with vitamins B₆ and B₁₂ is usually enough to reduce plasma levels of homocysteine within two to six weeks.¹¹

It has been estimated that homocysteine levels can be decreased by up to 25 per cent by supplementation with 0.5 to 5.7mg of folic acid per day. Addition of vitamin B₁₂ (0.02–1.0mg/day) can further lower tHcy by 7 per cent.^{3,7,9} 0.4mg/day of folic acid seems to provide maximal benefits.¹¹

Observational studies have shown that subjects taking

multivitamin supplements not only have lower homocysteine levels than non-users, but also have higher plasma levels of folic acid and vitamins B₆ and B₁₂.⁹ However, as treatment with folic acid may mask signs of underlying vitamin B₁₂ deficiency, vitamin B₁₂ (0.4–1mg/day) is usually administered concurrently with folic acid, especially in the elderly who are more prone to vitamin B₁₂ deficiency-related neurological damage.¹¹ Seventy per cent of subjects presenting with overt vitamin B₁₂ deficiency, with intermediate and severe hyperhomocysteinaemia, can normalise their homocysteine levels with vitamin B₁₂.⁹

Although there is sufficient epidemiological evidence linking plasma homocysteine levels and CVD, not all interventional trials prove that a reduction of homocysteine by folate and vitamin supplementation reduces coronary events.⁹ Thus, supplementation of folate and

vitamins cannot be generally recommended for all patients with vascular pathology.¹⁰ Several studies are under way to evaluate the role of folate supplementation in primary and secondary prevention and, until the results become available, homocysteine testing is not recommended for population-wide screening.^{3,9} Instead, there is a need to ensure that recommended daily amounts (RDAs) for folate and vitamins B₆ and B₁₂ are met through diet.⁹

According to some researchers, homocysteine screening may be appropriate in selected high-risk patients including:⁹

- Subjects exhibiting premature atherosclerosis and patients with a strong family history of premature atherosclerosis or arterial occlusive diseases, especially in the absence of traditional risk factors.³

- Patients with conditions linked with high homocysteine levels: malnutrition, malabsorption syndromes, hypothyroidism, impaired kidney function or systemic lupus erythematosus.

- Patients on medications associated with high homocysteine levels, for example, nicotinic acid, theophylline, methotrexate and L-dopa.

It may be prudent for these patients to increase their intake of vitamin-fortified foods and/or take daily supplements of folic acid, vitamin B₆ and B₁₂.

Conclusion

There is an urgent need to improve risk predictivity of current risk-tools in order to minimise CV morbidity and mortality. Several emerging biomarkers, including CRP and homocysteine, have the potential to fulfil this need.

Although both hs-CRP and homocysteine tests are performed in UK labs for the purpose of CV risk assessment, no official guidelines exist on using these markers for screening. Furthermore, until further clinical trials confirm that modifying these markers reduces the incidence of CV events, screening is

unlikely to become routine.

However, health professionals engaged in CV disease management, including pharmacists, must be aware of the potential significance of biomarkers, not only because trial results may pave the way for their routine clinical use, but also because well-informed patients may seek information about them.

Dinesh Jivraj, MRPharmS, PgDip(Pharm), is a community pharmacist and a freelance medical writer with a special interest in CVD and diabetes.

Actionplan

1. Is the UK's CVD mortality rate high compared with other countries? If so, what controllable factors influence this rate? Is it a question of health education? If so, what are you going to do about it?

2. Think about the term "marker". While used as a suggested measure of a condition, it must have a function in the body. Find out about other markers, why we use them and whether they represent active processes (beneficial or harmful). An example may be the transaminases.

3. In your practice workbook note what is meant by the term "improved diet." Find leaflets, articles, lists etc and keep them with your workbook. Show them to your staff and suggest they use the information for health promotion – part of your NHS contract.

4. Get a copy of a blood test form (pathology). Many tests are for "biomarkers". Find out more about, say, three of these – the normal values and what the results mean if they are outside these values.

5. Record in your practice workbook any queries about blood test results. Could you answer them? Are there any that recur? Did you have to obtain more information?

Table 3: Fasting tHcy levels and homocysteinaemia categories

Fasting tHcy level (μmol/l)	Category
5–15	Normal
16–30	Moderate hyperhomocysteinaemia
31–100	Intermediate hyperhomocysteinaemia
>100	Severe hyperhomocysteinaemia

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the April 1 issue, which will cover this week's CPP-accredited module together with those in the March 4 and 18 issues. These will cover:

● **Cough part 2 (1362)** ● **Head lice (1363)** ● **Coronary heart disease biomarkers (1364).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can telephone 01732 377269.

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GENUS PHARMACEUTICALS

Nice says obesity drugs should be second-line

Anti obesity drugs should not be offered until after dietary and exercise advice have been initiated, and only then if monitoring and counselling can be provided, the National Institute for Health and Clinical Excellence has said.

In the first draft of its obesity guidance, the organisation says that healthcare professionals should ensure patients understand the potential benefits and limitations of pharmacological intervention. Individuals should be regularly reviewed to ensure they are meeting pre-agreed weight loss goals, and to reinforce lifestyle advice and adherence. Drugs should only be prescribed for children under 12 years if life-

threatening comorbidities are present, and only then in specialist paediatric settings, states Nice.

Other aspects covered by the document include:

● **Diet:** A dietary approach alone is not recommended, and instead should be combined with exercise and lifestyle changes.

● **Exercise:** Maximising opportunities for physical activity and minimising sedentary pursuits.

● **Schools/workplaces:** Both should provide opportunities for pupils/workers to adopt a healthy diet and be physically active.

● **Local authorities:** Promotion of new and existing schemes for planned and

incidental physical activity.

● **Surgery:** Recommended as a treatment option for the severely obese who meet strict criteria, including failure of non-surgical interventions.

● **Patients:** Should be encouraged to periodically check for weight gain in themselves and dependants, and direct any queries to a health professional.

● **Primary care organisations:** Should ensure that all weight management services meet minimum standards, in terms of best practice, training and facilities.

● **Research:** The document calls for more work into the cost-effectiveness and effectiveness of interventions in different patient



groups and settings.

Nice intends the guidance to support the implementation of initiatives such as the *Choosing Health* White Paper and existing national service frameworks. Comments should be e-mailed to obesity@nice.org.uk by May 11, with likely publication of the final recommendations in November.

For more information:

www.nice.org.uk/page.aspx?o=296706

WHO plans to stop TB

The World Health Organization has unveiled a global plan to fight tuberculosis.

Called the *Stop TB Strategy*, the document outlines how disease control activities can be increased and suggests ways to counter the spread of multi-drug resistance and co-infection with HIV. Inequalities in access to



and quality of healthcare are also addressed, as is the need for continuing research into new drugs, diagnostics and vaccines.

Alongside research articles and comment pieces, the WHO proposals are published in this week's *Lancet* to coincide with World TB Day on March 24.

For more information:

Lancet 206; 367: 952-55

Finasteride plus oral contraceptive for female hair loss

Finasteride plus an oral contraceptive improves female hair loss, say researchers in Italy.

Nearly 40 pre-menopausal women with female pattern hair loss received oral finasteride 2.5mg per day plus an OC containing drospirenone and ethinylestradiol. After 12 months, global photography showed improvement in 62 per cent of patients, with all subjects self-reporting their

condition as "improved" or "stabilised".

The research team say that the high dose of finasteride may have been responsible for the results, as may the drospirenone component of the OC. Although the study was not randomised, blinded or placebo-controlled, they conclude that their research provides a basis for future work.

For more information:

Arch Dermatol 2006; 142: 298-302

Scriptlines

Mepilex Heel

Mölnlycke has introduced a heel variant to its Mepilex dressing range that will be listed in the *Drug Tariff* from April 1.

Measuring 13 x 20cm, the dressings are shaped so they do not require cutting and are suitable for use on heel or ankle wounds. Mepilex Heel may be worn for several days, depending on the level of exudate and wound condition, and reduces the risk of skin maceration.

Price: £24.75

Pack size: five dressings

Pip code: 229-3769

Mölnlycke Health Care Ltd

Tel: 0870 606 0766

Metrogel

Responsibility for Metrogel (metronidazole) has moved from Novartis Pharmaceuticals to

Galderma (UK) Ltd. For more information and to place orders, telephone 01923 291033.

Remicade

Remicade (infliximab) has been licensed for the treatment of moderately to severely active ulcerative colitis in patients who are intolerant of, or respond poorly to, conventional treatments.

Trials have demonstrated that the anti-TNF monoclonal antibody encourages mucosal healing, is well tolerated and has a favourable safety profile.

For more information:

Schering-Plough Ltd

Tel: 01707 363636

Crawford move

Healthcare Logistics will take over all Crawford Pharmaceuticals products' sales and distribution,

including specials, from April 3. From March 29, all orders should be placed with Healthcare Logistics by telephoning 01234 248673.

Dermabond

Ethicon has launched a *Drug Tariff*-listed skin adhesive. Dermabond ProPen Topical Skin Adhesive is a high viscosity product containing 2-octyl cyanoacrylate. Intended to hold skin edges of lacerations resulting from surgical incision or trauma, the product will supersede the existing Dermabond adhesive.

Price: £110.25

Pack size: 6 x 0.5ml

Pip code: 232-3384

Ethicon Ltd

Tel: 01506 594500

Flu drugs

The Department of Health has announced that antiviral drugs

are no longer indicated for influenza prevention or treatment.

This change is due to the overall number of influenza reports falling below the threshold set by the National Institute for Health and Clinical Excellence (Nice), said the DH.

For more information:

www.dh.gov.uk

Sultrin

Sultrin cream (sulfathiazole) will be deleted on March 31. For more information, contact Janssen-Cilag on 01494 567567.

Invanz

Invanz (ertapenem) may now be used to treat diabetic foot infections of the skin and soft tissue, following a licence extension.



LETHAL OBSESSION

When you help obese patients who want to break their obsession with fatty food, losing weight isn't the only way they can benefit. Weight loss with Xenical also leads to a significant improvement in factors which increase cardiovascular risk.^{1,4} Prescribe Xenical, block fat and help change their future.


XENICAL
orlistat

Block fat and help change their future

Information about adverse event reporting can be found at www.yellowcard.gov.uk.
Adverse events should be reported to Roche Products Limited.
Please contact UK Drug Surveillance on: 01707 367554

Roche **PRESCRIBING INFORMATION. XENICAL (orlistat).**
Indications: XENICAL is indicated in conjunction with a mildly hypocaloric diet for the treatment of obese patients with a BMI ≥ 30 kg/m², or BMI ≥ 28 kg/m² with associated risk factors. Treatment should be discontinued after 12 weeks if patients have been unable to lose $\geq 5\%$ of their body weight. **Dosage and administration:** One capsule immediately before, during or up to one hour after each of the three main meals. The patient should be on a nutritionally balanced, mildly hypocaloric diet (30% of calories from fat). Increase in faecal fat occurs 24 to 48 hours after dosing and upon discontinuation of therapy usually returns to pre-treatment levels within 48 to 72 hours. Patients with hepatic and/or renal impairment, children and elderly patients have not been studied. **Contra-indications:** Chronic malabsorption syndrome, cholestasis, breast-feeding, known hypersensitivity to any component of the product. **Side-effects:** Mainly gastrointestinal. During the first year of treatment, commonly observed events were oily spotting from the rectum, flatus with discharge, faecal urgency, fatty/oily stool, oily evacuation,

increased defecation and faecal incontinence. The incidence of adverse events decreased with prolonged use of orlistat. Other adverse events were: abdominal pain/discomfort, flatulence, liquid stools, soft stools, rectal pain/discomfort, tooth disorder, gingival disorder, upper respiratory infection, lower respiratory infection, influenza, headache, menstrual irregularity, anxiety, fatigue, urinary tract infection, hypersensitivity reactions. Very rare cases of increases in liver transaminases and alkaline phosphatase and exceptional cases of hepatitis that may be serious. Very rare cases of bullous eruptions, diverticulitis and cholelithiasis. Treatment adverse events in type 2 diabetics included hypoglycaemia and abdominal distension. Reports of decreased prothrombin, increased INR and unbalanced anticoagulant treatment resulting in variations of haemostatic parameters have been reported in patients treated with anticoagulants in association with orlistat. **Precautions:** Anti-diabetic drug treatment may have to be closely monitored when taking orlistat. Co-administration of orlistat with cyclosporin is not recommended. Treatment may potentially impair the absorption of fat-soluble vitamins (A, D, E, and K). Patients should be advised to have a diet rich in fruit and vegetables and to adhere to the dietary recommendations as the possibility of experiencing gastrointestinal events may increase when orlistat is taken with a diet high in fat. If a multivitamin supplement is recommended, it should be taken at least two hours after orlistat or at bedtime. Caution should be exercised when prescribing to pregnant women. **Drug Interactions:** A decrease in cyclosporin levels has been

observed in an interaction study and reported in several cases when orlistat was co-administered. This can lead to a decrease of immunosuppressive efficacy, therefore the combination is not recommended. If unavoidable, more frequent monitoring of cyclosporin blood levels should be performed following addition and upon discontinuation of orlistat until they have stabilised. In the absence of data, co-administration with acarbose should be avoided. Co-administration with warfarin or other anticoagulants should be monitored using INR values. Amiodarone plasma levels may be reduced when co-administered, reinforcement of clinical and ECG monitoring is warranted. No interactions with amitriptyline, atorvastatin, biguanides, digoxin, fibrates, fluoxetine, losartan, phenytoin, oral contraceptives, phenformin, pravastatin, nifedipine GITS, nifedipine slow release, sibutramine or alcohol have been observed. **Legal Category:** POM. **Presentation and Basic NHS Cost:** Xenical 120mg (84 capsules) £39.51, Marketing Authorisation Number EU/1198/071/003 (84 capsule blister pack). **Marketing Authorisation Holder:** Roche Registration Limited, 40 Broadwater Road, Welwyn Garden City, Hertfordshire, AL7 3AY. Further information is available from Roche. Xenical is a registered trade mark. **Date of preparation:** Jan 2004. **References:** 1. Torpenson JS, et al. Diabetes Care 2004; 27: 100-104. 2. Berne C. Diabet Med 2005; 22: 612-618. 3. Shai D, et al. J Hypertens 2002; 20: 1873-1878. 4. Broom J, et al. J Hypertens 2002; 20: 1873-1878. 9: 460-468.

Brushing up on oralcare with GSK



The Aquafresh brand is set to benefit from a renewed focus on its core range, reports GlaxoSmithKline, beginning with two sponsorship deals.

Starting this month, the Bright Bites oralcare education programme is targeting Key Stage Two children. Developed by the dental charity Dentaaid and endorsed by the DH, education packs including an interactive CD and activity sheets with Aquafresh branding throughout are being sent to all primary schools in England.

Sampling and effective tooth cleaning exercises are planned, while dentists will be able to use the CDs in surgeries, says GSK.

In June, Aquafresh is sponsoring this year's Giant Sleepover event. Now in its third year, around 50,000

children from Scout and Guiding associations, schools and community groups are expected to take part. They will aim to break two world records: the world's biggest sleepover and, in the Aquafresh Minty Mouth Challenge, the world's largest simultaneous toothbrushing event. Treasure boxes containing Aquafresh toothpaste samples will be distributed. Co-sponsored by BT, the event will raise money for ChildLine.

GSK expects to reach around a million households through the initiatives.

For more information:

GlaxoSmithKline

Tel: 0845 762 6637

www.brightbites.org

www.giantsleepover.com

Zotrim effect explained

The Zotrim slimming supplement is being promoted in a £200,000 campaign to communicate its effectiveness.

Print and TV advertising is planned and PR activity is running, with real life stories and research being used to get the message across. Online, an interactive site, is being developed at

www.slimwithzotrim.co.uk to support slimmers.

Alongside the activity, Zotrim has been given new, more colourful packaging. Packs are landscape rather than portrait to help the product stand up on shelf, says manufacturer Natures Remedies.

For more information:

Natures Remedies

Tel: 01494 727888



Flexible nail polish

Maxiflex nail polish has been launched by Collection 2000. Its highly flexible formulation gives improved adherence and allows the polish to move with the nail, giving a finish that lasts for up to five days, claims the company. The chip-resistant polish contains UV protector and comes in 55 shades.

A French manicure range with Maxiflex technology and added ceramic for extra strength is also available. This comes in four shades: French Ivory, French Pink, French Rose and French White.

For chipped, split and broken nails, Collection 2000 has extended its Nail Care Solutions range. The new Growth Promoter contains sea

kelp mineral extract to stimulate

growth and oyster shell to protect nails. Nail Bright is an instant whitener which can be applied to brighten dull, stained nails and minimise yellowing while Nail Rescue, containing vitamins A and D, can be used to rehydrate weak and brittle nails.

Price: £2.49

Pack size: 12ml

Collection 2000

Tel: 01695 727317



Pubs targeted in Quit Awards

The stop smoking Quit Awards have three categories this year: Quitter of the Year, Supporter of the Year and the new Pub Quitters award.

Sponsored by *The Sun* newspaper and GlaxoSmithKline's NiQuitin CQ brand, the annual awards are now in their third year. The new category has been introduced to help pubs become smoke-free, says the Quit charity, awards organisers.

The Quitter of the Year award will see £1,500 worth of holiday vouchers given to the winner matched by the same amount for his or her supporter. Six regional winners and a runner-up will also receive holiday vouchers. Quitters must stop smoking by April 30 and still be non-smokers on October 31 to be eligible.

The Supporter of the Year category calls on health professionals to nominate a colleague or team in recognition of their work to help smokers quit. Entries close on August 31.

For more information:

Quit

Tel: 0800 002200

www.quit.org.uk

Inbrief

Menopause latest

A new edition of *Understanding the Menopause and HRT* is now available from Family Doctor Publications. Written by Dr Anne MacGregor, the book explains what happens during the menopause and covers the benefits and risks of HRT.

Price: £4.75

Pip code: 231-8228

Family Doctor Publications

Tel: 01202 668330

www.familydoctor.co.uk

Logical move

Selected CD and DVD wallets made by Case Logic are now available via Swains.

The top 20 lines in question offer retailers 33 per cent profit on return. Various styles and colours are available capable of holding from 16 to 128 CDs and from 10 to 80 DVDs. A buy nine get one free offer is currently available to retailers.

Price: £3.99-£14.99

Swains

Tel: 0845 4504242



new

Exclusively for Health Care Professionals

Dispensing Glucosamine

- ✓ The Glucosamine prescription dispensing market is growing fast.
- ✓ Health Perception is the Number 1 dispensed brand.
- ✓ 500mg strength accounts for 70% of all glucosamine dispensed.



Why is this product different?

Helping to maintain mobility of the joint

- ✓ Formulated specifically for dispensing; Each tablet contains 665mg Glucosamine 2KCl, providing a full 500mg of Glucosamine Sulphate when absorbed by the body.
- ✓ 3 x 500mg tablets provide the recommended daily intake of 1500mg per day, as used in key clinical trials. 90 tablet pack provides a convenient one month's supply.
- ✓ The product contains only pharmaceutical grade glucosamine which is governed by the quality control requirements of a European Drug Master File.

GlucOsamine® 500

Health Perception have compiled a simple guide to the clinical evidence and safety profile of glucosamine in scientific literature. If you would like to receive a free copy of this review, or require any further information, please call us on **01252 861454** or e-mail queries@health-perception.co.uk

Gardeners' world of bodycare

Bath House has teamed up with the Royal Botanic Gardens, Kew, to develop a beauty range containing plant extracts from around the world.

The range of soaps, bodywash, hand cream, bath soak, body spritzer and four gift boxes comes in three fragrances. Lavender and Moroccan olive leaf contains extracts from coastal areas of North Africa and the Mediterranean, and blends lavender with green notes, mandarin, tiger lily, olive, cedar and cypress.

From the equatorial rainforests, Orchid, ylang ylang and cotton flower is said to be a feminine scent including cassis, juniper, gardenia, tuberose, saffron and sandalwood. For men and women, Palm leaf and lotus flower, sourced from the Amazon, mixes lime, bergamot,

orange, coriander, jasmine, black peppercorn, musk and precious woods.

Price: from £3.95 (100g soap bar) to £21.95 (gift set)

The Bath House

Tel: 01539 621992

www.thebathhouseshop.com



Cod liver oil withdrawal

Seven Seas has withdrawn certain cod liver oil lines after routine tests detected cancer-causing dioxins.

The affected products and lot numbers are: Extra High Strength CLO capsules, 60s, lot numbers 351224 and 351369, 30s, lot numbers 351380 and 351458; High Strength CLO capsules, 120s, lot numbers 351187, 351413 and 351629, 60s, lot numbers 351176 and 351328; JointCare glucosamine sulphate capsules, 30s, lot numbers 351353 and 351834; JointCare glucosamine and chondroitin capsules, 30s, lot numbers 351705 and 351701; JointCare ProJoint capsules, 30s, lot numbers 351075, 351464 and 351289; and ProBrain capsules,

30s, lot numbers 351122 and 360401.

The products remain safe for human consumption, states Seven Seas. The levels of impurities are at lower levels than is permissible in other foods.

For more information:

Seven Seas

Tel: 01482 375234

www.sseas.com

Inbrief

Prepare to smile

'Feed your smile' is the theme of this year's National Smile Month running from May 14 to June 13.

To encourage health professionals to prepare, organisers the British Dental Health Foundation have put together a Smile Saver Pack. Priced at £29.99, the resource pack contains activity sheets, balloons, pin badges, lip balms, magnets, posters, stickers, smiley toothbrush holders, tissues and a rucksack.

For more information:

British Dental Health Foundation

Tel: 0870 770 4014

www.nationalsmilemonth.org

E-mail: pr@dentalhealth.org

Soya recall

Farley's has recalled a single batch of Soya Formula after routine testing found it contained cow's milk. The product is labelled as suitable for a milk and lactose-free diet. The affected batch of 900g cans carries a best before date of February 1, 2008 and a batch number of 607D. Around 500 cans are affected, says Farley's.

For more information:

Heinz

Tel: 020 8573 7757

Can't wait for summer days

Sunshimmer Instant Tan face bronzer sun makeup has been launched by Rimmel.

The product is applied to the skin to deepen a suntan or give a healthy looking glow with a hint of shimmer, says Rimmel. It leaves skin soft and hydrated and washes off with soap and water.

Available in Boots, Superdrug and grocery, the product comes in two shades: sun light for fair skin and sun bronze for lightly tanned skin.

● Rimmel has reformulated its Rich Moisture lipstick and relaunched it in new packaging as Rich Moisture Cream lipstick. The product is 100 per cent moisturising, claims Rimmel, as all ingredients have been treated to behave like emollients. The lipstick is said to minimise moisture loss for up to eight hours. A choice of 16 shades is available.

Price: £4.99

Pack size: 30ml

Coty

Tel: 020 8971 1300

Benylin Cough, Cold & Flu Monitor

Brought to you by Benylin®

March 25

Benylin KEY FACTS

● 3.2 million people in the UK will be suffering from respiratory illness this week

● Cities are at normal and advisory down stages

● Coughing and sore throats are the most prevalent symptoms



Night Tablets – Paracetamol & Diphenhydramine
Day Tablets – Paracetamol & Pseudoephedrine

- Normal
- Advisory
- Pre-alert
- Alert

Day & Night Tablets (P) for relief of colds

Visit www.coughandcoldadvice.co.uk for more information

Further information is available from Pfizer Consumer Healthcare, Walton-on-the-Hill, Surrey KT20 7NS

Wash away hair cares

The Tresemmé range of professional haircare products has been extended with new shampoos and conditioners.

Vitamin B₁₂ and keratin anti-breakage shampoo has been formulated for weak, broken, dull and straw-like hair. Together with its corresponding conditioner, it is said to strengthen hair and promote manageability, counteract dryness and add shine.

For frizzy hair, Tresemmé has introduced Vitamin H and almond no frizz shampoo and conditioner. The products replenish lost moisture, soften and nourish coarse hair, counteract frizz and static, and protect hair from humidity, claims Tresemmé.

Prices and pack sizes: £2.99/500ml, £3.99/900ml

Alberto-Culver

Tel: 01256 705000

Could you give someone an extra helping?



You can help the elderly avoid malnutrition and stay fit for life

Malnutrition is headline news. In a recent report, 1 in 10 of the over 65s in the community and 6 in 10 of those admitted to hospital were affected.^{1,2} The elderly are particularly at risk, because of problems like loss of appetite or lack of self-care.

It's not just their energy and vitality that suffer. Malnutrition can impair mood, mobility, organ functions, immunity, wound healing and recovery from illness or surgery. NICE has issued urgent advice about identifying people at risk,² but you can also do something to help – by recommending Complan.

Complan, taken as a food supplement, offers a simple way to help your elderly customers get the balanced nutrition they need to stay healthy. Every serving of Complan provides 250 kcal, with 9g of protein and 35g of carbohydrate. It also contains 50% of the RDA of 11 essential vitamins and up to 40% of the RDA of 6 essential minerals. The Complan range includes drinks, soups and cereal, to make it easy for customers to find appetising options that fit into their daily routine.

So why not give the elderly an extra helping of advice about avoiding malnutrition. Recommend Complan and help them stay healthy, active and fit for life.

Complan®

A healthy boost to nutrition



For more information about malnutrition visit www.complanfoods.com

Healing infections

The ClearZal antimicrobial nail solution has been launched by Zeon Healthcare. Containing the active ingredient benzalkonium chloride and healing aloe vera, the

product kills 99.9 per cent of microbes which cause nail infections, claims Zeon.

Users first clean and file their nails, then apply the solution to the top surface and edge of the infected nail so it reaches the nail bed. With treatment

repeated every morning and evening, an

improvement is seen within weeks and eradication of infection in months, says Zeon.

Supporting the launch, advertising is running in the *Daily Mail* until the end of April.

Price: £16.99

Pack size: 30ml

Pip code: 317-2210

Zeon Healthcare

Tel: 01869 238361



Veet waxes lyrical

The Veet hair removal brand is looking to grow the market this year with new products and a £10 million marketing campaign.

The new In-Shower hair removal cream has a water resistant formula that dissolves slowly on contact with water, allowing users to shower as the cream works.

The Veet Rasera bladeless tool now features a strip of moisturising aloe vera and comes in a kit with hair removal gel in either aloe vera or floral sensation variants. For experienced waxers, Warm Wax Roll-on has been introduced. Finally, Ready to Use wax strips have been launched in three variants: refreshing mint for normal skin, papaya oil for dry skin and fragrance-free for sensitive skin.

The supporting advertising

campaign is scheduled to air in April and will target women who have never waxed before.

Beginning in May, Veet is running an on-pack promotion offering the chance to claim a free manicure worth £15. Running until September on Ready to Use wax strips, cream variants, the Rasera bladeless razor, the Bikini line kit and warm waxes, consumers need to collect promotional codes from two packs. The free manicure is claimed online from Veet's website.

Veet holds over 60 per cent of the hair removal category, worth a predicted £106m this year.

Prices, pack sizes and Pip codes: see Pricelist

Reckitt Benckiser

Tel: 0845 769 7079

www.veet.co.uk

Comvita unveils new look

Comvita is repackaging its products in a bid to achieve greater brand awareness and presence on-shelf. New packs are grouped into families to aid identification. Graphics refer to a product's origin and ingredients.

The new look is being promoted at shows including the Natural

Trade Show and the Vitality consumers' show via ads, posters and an exhibition display. Comvita's products include Manuka honey, the Winter Wellness range and Propolis liquids.

For more information:

Comvita UK

Tel: 020 8961 4410

Promotion

A unique dual tablet and capsule to keep joints supple

ARheumaCare from Health Perception is a new unique dual tablet and capsule formulation which provides a combination of ingredients specifically formulated to help keep joints supple and flexible.

ARheumaCare capsules contain a special blend of Cod liver Oil, Gamma Linolenic Acid (GLA) and Omega 3, providing the body with a vital combination of essential fatty acids and nutrients such as DHA and EPA which are responsible for forming the membranes around every cell in the body, and can help to keep your joints lubricated and mobile.

ARheumaCare tablets contain a unique blend of Glucosamine, Turmeric and Ginger; Glucosamine is the naturally occurring, non toxic biochemical constituent responsible for forming the building blocks of connective tissues such as cartilage, tendons and ligaments. The added benefits of Turmeric and Ginger have been associated with joint mobility for decades and for their antioxidant and warming actions respectively.

The unique formulation of ingredients found in the **ARheumaCare** combination provides a convenient once-a-day way to help maintain joint function and mobility, and ensure your intake of

important nutrients plus fatty acids.

For more information contact **01252 861454** or visit

www.health-perception.co.uk



TV next week

Abbott Diabetes Care: Freestyle Mini: five, GMTV, Sat

Anadin Extra: All areas

Bassett's Soft & Chewy Omega 3 Vitamins: A, GMTV, Sat

Buscopan IBS Relief: C4, Sat

Canesten Duo: All areas

Cura-Heat Arthritis Pain: All areas except GMTV, Sat

Cura-Heat Back Pain: All areas except GMTV, Sat

Dulco-lax: C4, GMTV, Sat

Just for Men: All areas

Nicorette: All areas except GMTV

Tena Pants: All areas

Vagisil: All areas

PharmaSite for next week: Freederm – Windows, **Freederm** – In-store – **Pepto Bismol** – Dispensary

Pharmacy channel: Disability Rights Commission, National Osteoporosis Society

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

French perfume companies fined

Perfume manufacturers in France have been fined £32 million for taking part in price fixing.

The penalty was imposed on 13 perfume and cosmetic brands following a three year investigation by the French Competition Council. The council found that the companies, including Chanel,

Christian Dior and Yves Saint Laurent, had worked out their prices with shops between 1997 and 2000, the period under investigation. Manufacturers had adopted heavy-handed techniques, said the council, and used 'price police' to control vendors.

Sharper prints from DigePrint

The DigePrint DPP305 digital print processor has been launched. Using LumeJet exposure technology, the machine is able to produce enlargements while maintaining 400dpi resolution. The DPP305 costs £39,950, around half the price of a fully featured digital minilab system, says DigePrint. It

can produce prints up to 12 x 18 inches and has a small footprint of less than 10sq ft, adds DigePrint.

The DPP305 can be connected to one of DigePrint's eKiosks to enable touch-screen operation by customers or retailers.

For more information:

DigePrint, tel: 02476 323360

Scholl seeks best window

Scholl is inviting pharmacies and shoe retailers to enter its second national footwear display competition.

It runs from April 3 to May 1 and entrants need to send two colour photos featuring their pharmacy Scholl Footware displays, one of the window display and one in-store shot. Displays should incorporate the point of sale material which is being supplied by the Scholl marketing team, and displays should also show a minimum of six shoe styles.

The first prize is a weekend break or travel vouchers worth £6,500, plus an advert in the entrant's local newspaper. There are also nine runners' up prizes.

Entries need to be with Scholl by May 1. Post them to Freepost Scholl UK. More information is available from Scholl on 0161 638 2451.

Inbrief

Heat treatment

HotKiss is a new chemical-free product to stop the appearance and development of cold sores.

The lipstick-shaped applicator uses heat to stop a cold sore taking hold. Its gold-plated contact patch heats up to 50 degrees and should be held to the affected area for four seconds, says InnoEssentials. Powered by a CR2 battery that will last for at least 100 applications, the HotKiss is pocket-sized and dermatologically tested.

Price: £49.99

InnoEssentials

Tel: 01794 513123

www.soreaway.com

Nicotine facts

An information pack has been launched to help healthcare professionals correct smokers' misconceptions about nicotine.

According to research, many smokers believe nicotine in cigarettes and smoking cessation products causes asthma, lung cancer, strokes and heart attacks (source: TNS, August 2004).

Two patient leaflets, a credit card-sized factsheet and a poster are included in the pack. To request a copy of *The Truth About Nicotine* call the number below.

For more information:

GlaxoSmithKline

Tel: 020 7331 5316

www.click2quit.com

Coming Events

MARCH 27

North Hants Branch RPSGB

Meeting - Double header - education and CPD. Speakers, Bill Dawson and Sue Carter.

Venue, the Wheatsheaf pub, North Waltham. Light refreshments from 7.30pm, meeting at 8pm.

Eurax

Skin itch dilemmas

Number 6





Chickenpox

Q A customer's 5-year old child has been diagnosed with chickenpox.

He has a lot of spots all over his body and is very distressed and uncomfortable. She needs something really soothing to stop the itching which will be reasonably long-lasting between applications.

- A**
- Chickenpox causes very itchy flat red spots to appear all over the body which eventually blister and crust over.
 - It is important that the spots/blisters are not scratched as this can lead to infection, inflammation and even scarring.
 - Stopping the urge to itch and calming the skin and are therefore very important.

Recommend Eurax cream to deliver the sssh factor

	Stop the itch
	Soothe the discomfort
	Sustain the effect
	Hydrate the skin

Why Eurax

- Only treatment to contain crotamiton - gets to work quickly and effectively to soothe and moisturise
 - Up to 10 hours relief
 - Tried and trusted - No 1 in the anti-itch market.
- IRI HBA All Outlets**
52 w/e 26 November 2005.
- Pleasant to use and easily absorbed



Crotamiton 10%

Eurax can relieve a wide range of winter skin irritations: Dry eczema; dermatitis; allergic rashes; personal itching; Chickenpox

Legal category: GSL.

For more information contact the PL holder: Novartis Consumer Health, Horsham, RH12 5AB

...big business, with 87 per cent of men removing unwanted body hair. And a growing minority of men are even following the example of celebrities like David Beckham. At the same time, women's super-smooth limbs are now the norm. Sales of razors and blades have soared by 33 per cent in the last five years (*Mintel - Shaving Products October 2005*), and the depilatory market is booming too. So what can pharmacies do to get a slice of the action?

Increasing your share

We spoke to industry experts for their top tips for the pharmacy sector.

Steve Davey, business manager for Gillette female blades and razors, says: "Pharmacies will be able to compete with the larger multiples if they ensure a fully stocked selection of products. It's crucial to sell entry level products right through to the latest advancements in shaving technology. By stocking a selection of products, pharmacy retailers are catering to the needs of all consumers, which is likely to prevent them looking elsewhere."

At King of Shaves, founder Will King advises: "Pharmacists should stock more skin-caring products that the multiples might not carry. They know a lot about skin problems, so be ready to give skincare advice to your customers too."

At Wilkinson Sword, senior marketing manager Victoria Goodall says: "Personal service is what pharmacists need to make the most of as this is something the grocers don't offer. Stocking heritage brands is a good way to hold onto older customers, who might not find these in supermarkets. And offer lots of information about the products you sell."

The quest for the closest, smoothest shave for men and the longest-lasting (but least painful) method for women goes on. Sarah Purcell looks at the latest innovations



Smooth operators

Innovations



- Gillette M3Power Nitro razor sends out micro-pulses to the blades for a more comfortable shave.
- Gillette Mach3 Nitro Gel (left) contains aloe and vitamin E to soothe and moisturise skin and give better razor glide.
- Gillette has FIFA World Cup gift packs available, including an M3Power Nitro three-piece pack with DVD.
- New from Wilkinson Sword is Quattro Titanium (right), the first razor with titanium undercoated blades, said to keep them sharper for longer.
- The Ahava for Men range has been relaunched in new packaging and includes after-shave moisturiser, Protective Moisturising Fluid SPF15 and Deep Cleansing Gel, all designed to moisturise skin.



Men get smooth

Last year saw the launch of electric body trimmers for men and Veet introduced a hair removing gel and wax strips specially designed for men when research revealed a growing number of men were "borrowing" their partner's depilatory kit. Most popular with body-conscious 20-somethings at the moment, its appeal is expected to widen



At Reckit Benckiser, Esther O'Reilly, who works on Veet, says: "Focus on what sells and place best-selling lines and merchandise at eye level on the fixture. Consider positioning like-for-like so that a shopper can see all the depilatory or alternative hair removal options at a glance. Make sure the full range is available at all times for maximum visibility and choice."

Understanding the market

Men's shaving

The blades and razors sector alone is worth £267.5 million (*IRI December 2005*), with shaving preparations taking sales of £77.5m. Both have shown consistent growth over the past five years. "While in volume terms the men's shaving market is static because men don't shave more than once a day, increasingly sophisticated razors and shaving preparations have grown it in value terms," says Mr King.

An ageing population is good news for the men's shaving market in pharmacy, says market researcher Mintel: "As men get older, some find that their beard growth becomes heavier, with associated problems such as in-growing hairs. These consumers need more advice on the right razor and shaving preparations for their needs."

Men's interest in their appearance is steadily growing and an increasing number of men under 40 now regularly use skincare products, which results in them trading up to higher value shaving products too, says Mintel. Surveys carried out by Mintel found that 71 per cent of 15 to 24-year-olds said they always took care of their appearance and image and only 17 per cent thought skincare products were for women, not men. Research by Wilkinson Sword found that 32 per cent of men felt they needed more skin protection and skin health benefits from their shaving products.

Men are demanding a better quality shave, with higher value systems razors now outselling cheaper disposables – systems razors now account for £201.1m of the total razors and blades market (*IRI December 2005*). "Part of the reason for this switch is that disposables have got more sophisticated and expensive so it's not such a

Innovations

- Gillette Venus Vibrance razor features a mini battery-powered motor to give a smoother shave.
- Gillette SatinCare Radiant Apricot shave gel (below) is designed to go with the new razor, softens hairs and moisturises skin.



- Wilkinson Sword has launched Quattro for Women (above). It has a solid metal handle for better control and four blades for a closer shave.

big jump up to a systems razor any more," says Ms Goodall.

They want better quality shaving preparations too, and foam is gradually being replaced by gels and oils. "The detergent-based foams are going out of favour and making way for more skin-friendly gels, creams and oils. Men are slowly getting more sophisticated in their use of pre and post-shave skincare products too and it'll be this that really grows the market in the future," says Mr King.

Continued on page 36 ►



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- Veet Ready to Use wax strips come in three variants to suit different skin types – normal with mint, dry skin with papaya oil and fragrance-free for sensitive skin.
- Veet Warm Wax roll-on is a sugar-based wax with a roll-on head for easy application.

Who uses what

What type of deodorant have you used in the last six months?

Roll-on: 24% of men; 47% of women

Spray: 60% of men; 45% of women

Stick/cream/gel: 7% of men; 14% of women.

(Mintel Deodorants & Bodysprays Jan 05)

Improving your share

Sarah Kennedy gives Gillette's APD merchandising guidelines:

- Block by form (non-aerosol/aerosol) as consumers tend to be loyal to their preferred type of APD.
- Block by brand horizontally.
- Ensure different forms within a brand are merchandised vertically.
- Group skin-friendly variants together.
- Separate men's and women's products.
- Allocate space based on sales.

Did you know?

● Men's hairs are 50-60% larger in diameter

● A man's beard contains 7,000-15,000 hair follicles, which are formed before birth.

● Women shave an area 18 times the size men do.

● Worldwide some 500m women remove body hair.

● Women have 8,400 hairs on each leg and 300 under each arm.

● Leg hair grows a quarter inch per month.

Anti-perspirants and bodysprays

● Anti-perspirants: £302.7m, up 2.6%

● Sprays: 69% of sales

● Roll-ons: 20%

(IRI Jan 06)

● Female bodysprays: £55.2m

● Male bodysprays: £91.6m

(Mintel - Deodorants & Bodysprays)

Women's shaving

Women's razors and blades are now worth £54.9m (IRI December 2005), with 80 per cent of women choosing shaving as their main hair removal method. Given that figure, there's obviously a lot of women out there still using their partner's razor. "In the last 12 months, 46 per cent of women claim to have used a male disposable or razor, mistakenly thinking that they are better quality. That's actually not the case. At Gillette we have designed Venus specifically for the way a woman shaves and to fit her female curves," says Steve Davey. "Using a razor that is designed for a woman is essential. Women have a much greater area to shave – using a razor that belongs to a man will cause the blade to wear out more quickly. A man's razor isn't designed for the way a woman shaves."

The women's shaving market is still young, with ergonomically designed female razors only available since the early 1990s. Shaving preparations specially for women are an even newer sector. There's huge growth potential in women's shaving and it's an area that manufacturers are investing heavily in. "I think more luxurious products are the way forward, and this is something we're looking into for next summer," says Mr King.

Waxing

This is becoming more popular in the UK, thanks to easier to use home waxing kits, with sales now worth £19.8m (Veet Usage & Attitude study 2006) and growing by 2.4 per cent. In the past year 29 per cent of women have used waxing. The popularity of bikini-line waxing has also helped to increase sales, with 83 per cent of women interviewed by Wax Away saying that it was very important to maintain a neat bikini line and 47 per cent saying they waxed their own bikini line.

Depilatory creams

Creams and lotions take over 50 per cent of depilatory sales and the sector is now worth £26.1m. Some 36 per cent of women have used a cream in the last year. Often seen as a messy and inconvenient hair removal method, new products like Veet In-Shower Cream could change this. The cream contains water-resisting ingredients that slowly dissolves in contact with water and works in just three minutes.

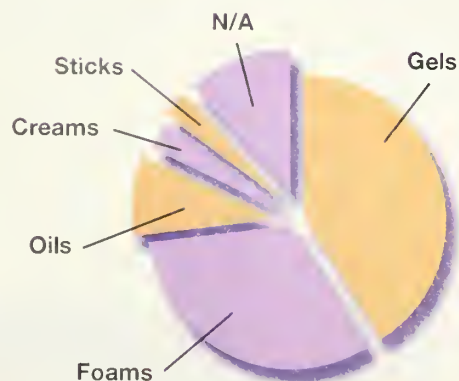
The smell is another problem that puts some women off using depilatory creams. Nair's new Cream Tubes have been specially designed to address this. The new Moisturising Hair Removal cream is scented with summer fruits and the Sensitive Hair Removal cream with camomile oil and ylang ylang.

Consumer trends

Some 94 per cent of women and 89.5 per cent of men use anti-perspirants. According to Mintel, 46 per cent of women use them more than once a day, while 78 per cent of men use them once a day or more.

"Men in particular are increasingly interested in their personal hygiene, with male grooming products becoming ever more innovative and beauty focused," says Sarah Kennedy, business manager for Gillette antiperspirants and shaving preparations. "This trend means the men's deodorant market is full of activity with new product variants, new

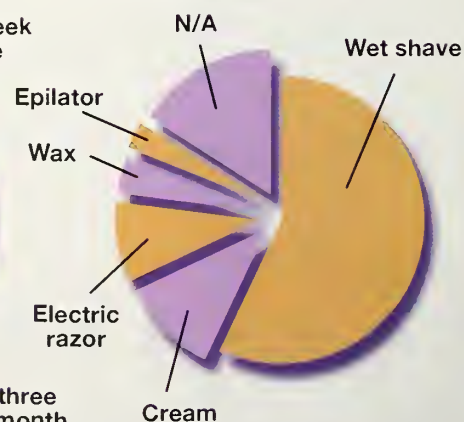
SHAVING PREPARATIONS



HOW OFTEN DO WOMEN SHAVE?



WHICH HAIR REMOVAL METHOD DO YOU USE MOST OFTEN?



packaging and new spray application methods all competing against each other for standout – the emphasis is on the most original, ground-breaking new format.”

It seems antiperspirants are an essential in our everyday lives. Research by Nivea found that when forced to carry on their daily lives without their APD, testers found they lost confidence and ability to socialise and interact as normal.

In the women's market APDs have moved beyond protection to skin caring and nourishing benefits, led by Dove and Nivea brands, and formulations that won't stain clothes. The increasing popularity of gyms has led to more compact and portable forms of APDs, such as wipes and compact sprays. These are also popular as travel products.

The market

“Long-term usage trends for body washing show the growth in shower usage has plateaued over the last few years, with the bath sector showing improving performance. Although the number of people who are bathing is less, loyal bathers hold on to bath relaxation moment,” say makers of Radox, Sara Lee Household & Body Care.

Pampering and gift purchases are the driving force behind the bath market, says Sara Lee. At Bronnley, sales director Frank Morris agrees: “There's been a resurgence in popularity of bathing in the last couple of years as it's been repositioned as a way of relaxing and unwinding at the end of a stressful day – a way of reclaiming your personal space.”

The use of plant and herb extracts as well as aromatherapy oils is still the key trend in both bath and shower products.

Soaps may have been losing sales in the mass market sector, but in the premium gift end they're doing well, says Mr Morris. “Our Herbarium range of gift soaps, based on herbal extracts, and Destinations, with a travel theme, have been very popular since their launch last year.”

Tips to improve your sales

Shopper research conducted by Radox highlighted that a washing and bathing consumer is far more likely to be in a browsing mind-set when shopping on the high street compared with when doing the weekly supermarket shop. “As such, pharmacies should look to maximise spend from their shoppers on this category by ensuring that they offer a good selection of products to tempt their shoppers, including higher priced products with value added benefits to encourage trade up and new products to drive impulse purchase,” says Sara Lee.

Stock brands that aren't in supermarkets. “Some 80 per cent of Bronnley sales are through pharmacies. The advantage to pharmacists is that our soaps aren't sold in grocery, so it gives your customers a good reason to visit their pharmacy. But don't forget that good display and giving products plenty of space is key to sales,” says Mr Morris. ☺

Innovations

- Bronnley has extended its Destinations range of gift soaps with the addition of Europe, based on wines, and India, inspired by aromatic trees and plants.
- New from Radox are luxurious shower creams: Spoil Me with pearl and milk, Caress Me with cashmere and Care for Me with cotton and milk.
- Radox Heavenly is a new range of bath extracts. Choose from deep red Heavenly Bath Velvet with raspberry leaf and neroli, purple Heavenly Bath Velvet with ylang ylang and violet, gold Heavenly Bath Silk with jasmine and sandalwood and pearl Heavenly Bath Silk with waterlily and mimosa.
- AquaTonic Man is a range of six products

including a shower gel with aloe vera. AquaTonic Woman is a range of three products which includes Crème Bath and Body Wash with white tea and camomile. All products cost just 99p. (Conquest Personal Care 0800-731 2025)

● Tisserand have added Essential Oil Rich Awaken Shower & Bath gel with a blend of fruity oils; Essential Oil Rich Rejuvenate Shower & Bath gel including mandarin, rosemary and lemon oils; Essential Oil Rich Indulgent Bath Soak with jasmine, geranium, ylang ylang; Essential Oil Rich Relax Bath Soak with orange blossom, lavender and bergamot.

● Palmolive for Men Active Care is a combined body and hair shampoo with pro-vitamin B₅.

Palmolive for Men Active Fresh includes cooling sea minerals.



Innovations

- Gillette Series Cool Spray delivers protection when you need it.
- Lynx Click is the new men's fragrance for 2006 and is being supported by a £7 million campaign, including a TV and cinema ad featuring Hollywood superstar Ben Affleck.
- Special World Cup can edition of Gillette Series Cool Wave fragrance APD.
- Nivea Deodorant Pearl & Beauty contains pearl extract to give underarm skin a more even tone and intense moisturising.
- Nivea Deodorant Pure uses nano-emulsion technology to ensure no residue is left on clothes.
- Right Guard Women's range (below) has been relaunched in more modern, feminine packaging this month. There are two new variants, Pure and Clean, which minimise residue on clothes.
- New AquaTonic Man range includes a body spray and antiperspirant and deodorant stick.
- AquaTonic Woman includes a body spray.
- Palmolive Soft & Gentle Aromatherapy Tranquility deodorant gives 24-hour protection and includes calming aromatherapy oils.



Did you know?

Bath & shower

- Bath products – £121.4m, down 6.5 per cent
 - Shower & body washes – £220.9m, up 0.5 per cent
- (I/FI December 2005)

“Stock brands that aren't in supermarkets”



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Data protection



Accurate product data will become increasingly vital to community pharmacists. Alison Gough looks at how it is used across the NHS

Scotland's IT infrastructure, NHS Scotland eHealth/Information Management and Technology is already halfway through its first four-year strategy and has connected all of Scotland's pharmacists to its N3 'virtual spine'.

One of the first services of the new Scottish pharmacy contract is the Minor Ailments Service, and both the Scottish Executive Health Department and Scottish pharmacy pay negotiators – the Scottish Pharmaceutical General Council – have made it clear that pharmacists will not be allowed to provide

the service, or get paid for it, unless they use eHealth.

Alongside this, work on the National Programme for IT (NPfIT) started in 1998, and is now being delivered in England by the Department of Health agency NHS Connecting for Health. Over the next 10 years, the programme, which is flagged up as bringing "better information for health, where and when it's needed" will connect over 30,000 GPs in England to almost 300 hospitals and give patients access to their personal health and care information. Recently, the National Welsh Assembly also announced its plans to roll out the IM&T elements of the new Welsh pharmacy contract.

NPfIT has three main strands of activity, which aim to benefit the NHS itself, patients and clinicians. These are:

- The electronic NHS Care Records Service to improve the sharing of patients' records across the NHS with their consent.
- The electronic booking service, Choose and Book, to make it easier and faster to book hospital appointments for patients.
- The system for the electronic transmission

of prescriptions (ETP) via the electronic prescription service (EPS).

Specifically, NPfIT aims to produce: value for money through national procurement of IT; faster, safer diagnosis and treatment for patients; reduced prescription errors and waste; and reduced administration and bureaucracy.

Eventually, it is envisaged that the whole prescription process – from the point of prescribing to payment – will become a paperless, IT-based system.

Pharmacists and NPfIT

For pharmacists and other healthcare professionals working on the 'fringes' of the NHS, this electronic data transfer promises to bring an unprecedented connection with their NHS colleagues working in GP practices and in secondary care.

Although the English pharmacy contract came into force before all pharmacies were connected to N3, it is expected that many services within the new English pharmacy contract will benefit from the NHS IT link. For example, repeat dispensing, an essential service under the new English contract, will be



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greatly facilitated by connection to N3, the Pharmaceutical Services Negotiating Committee believes, as will the provision of advanced services such as medicines use reviews (MURs)/prescription intervention, and enhanced services such as minor ailment services. Indeed, in some cases, the IT link will become critical to the successful provision of these enhanced services.

Speaking to *C&D* last December, PSNC chief executive Sue Sharpe admitted that MUR service provision had got off to a slow start: "N3 connection will help those paper-free GP practices that do not want a paper-based report," she said.

Sheffield LPC secretary Martin Bennett has also concluded that conducting a full clinical review, an enhanced service under the new contract, is "virtually impossible without access to patient notes and can result in recommendations that make no sense".

Electronic prescriptions

A key pillar of the National Programme for IT, ETP (or 'electronic scripts') will enable information on what has been prescribed and dispensed to be automatically recorded in the patient's care record, giving a more accurate (or entirely new) record of what Prescription-Only Medicines and, increasingly, over the counter medicines have been prescribed. This will be a considerable benefit to prescribers working from non-surgery based locations such as walk-in centres, dental practices, and indeed, community pharmacies. This will be increasingly important as new roles such as independent prescribing and formalised medicines use reviews become established.

On any given day, the NHS estimates it deals with around three million critical processes, producing around 30m 'transactions' with NHS services. Furthermore, the NHS currently estimates that medication errors cost about £500m per year in additional days spent in hospital and it has become a signature activity of the National Patient Safety Agency to lobby for 'solutions that prevent harm'. It believes that electronic prescribing and improved computer prescribing and dispensing systems have a vital part to play in reducing medication and transcription errors. Researchers estimate that a typical hospital could save £50,000 a year simply by switching from paper-based forms to electronic records.

And the benefits don't stop there. For community pharmacists, electronically conveying dispensing information to the various pricing bureaux also has immediate and clear commercial advantages – not the least of which is financially driven. According to Nick Strong, managing director of Systems

Solutions, one in four pharmacists feel that payment delays from the Prescription Pricing Authority is a major problem with the current prescription claiming system.

In the new, centralised eNHS, it is therefore easy to see why it is important for all the various computers to talk in a language they each understand.

The need for a 'data dictionary'

As part of the effort to computerise the NHS, Connecting for Health has been developing an NHS IT 'dictionary' for medicine and device identification, the dm+d. It has also been designed to work in tandem with SNOMED CT (Systematised Nomenclature of Medicine), the NPfIT's chosen dictionary of clinical terminology, which will be used in the National Care Records Service to log, for example, a patient's diagnosis and treatment, and to share information and research.

Work to date has focused on items prescribed in primary care and the dm+d working group reports that the current version of the dictionary (Data Model V2) comprises 99.5 per cent by volume of the items prescribed in primary care. It also says that the initial population of the secondary care element has been completed, and that the system also now lists medical devices and appliances listed in the *Drug Tariff*.

However, Connecting for Health admits that because of the disparate nature of the remaining devices and items "further work is required". Even so, dm+d project leaders believe their system could become the global standard e-drug and device dictionary and are pushing UK suppliers to go live with systems mapped to the native dm+d from August 1.

Medical data software specialists, however, remain a little more guarded in their enthusiasm for the dm+d. Although agreeing with the concept of a standardised NHS lexicon, they consider it an enormous job to rewrite all existing pharmacy system software, with dubious cost benefits. As David Howard, business development manager at First DataBank Europe, says: "The improvements for patient safety and the costs in question are out of balance. Such a concept is difficult to impose on a commercial world."

Data as a retail business tool

Walk into any supermarket and you would be surprised not to see a row of checkout assistants scanning a trolley load of goods. Knowing what they sell, when and in what quantities is vital to the average supermarket manager; increasingly, thanks to the use of loyalty cards, supermarkets are also making use of the 'to whom' factor in order to maximise their marketing and promotional

spends. Because many pharmacy front of shop items are also sold through grocers many already carry similar barcodes, and almost all will have a PIP code, the pharmacy product coding system jointly owned by *C&D* and the National Pharmacy Association and vital for product ordering. Yet, currently, the two operate as independent systems, which can lead to discrepancies.

The NPA champions the use of sales data as a way of increasing business profitability but admits that most pharmacists currently see themselves more as clinicians and are not maximising their use of product data as a business management tool. As Nigel Cox, NPA systems development executive, points out: "Any help in maximising profitability should be applauded. Simply relying on NHS business is a bit risky."

Managing dispensary data

Risky or not, the NHS remains the main customer for most UK pharmacists – yet prescription products are hardly barcoded at all. GSI UK, which manages the UK EAN barcoding system, is lobbying the UK government to adopt mandatory barcoding in the NHS, not least because of the patient safety issues that non-barcoded products present.

But product coding in the dispensary will offer more than increased patient safety. Accurately coding dispensary products will be vital to maximising pharmacists' dispensing income, pharmacy IT consultant David Watkinson believes. Robotic dispensing and internet pharmacy all depend on a pharmacist maintaining accurate dispensary data.

"Everywhere you look, every internet company has got itself into managing data properly," he says. "Of course, you could manage your business by keeping your cash in a shoe box under the counter, or by writing your stock orders on the back of an envelope but it's no way to run a 21st century business. If pharmacies want to compete against the supermarkets then they need to have the data support that they do."

In the face of so much change, and change that is happening at such a pace, the need for community pharmacists to get to grips with the data and data sources that affect their businesses becomes clear. Or is it? David Watkinson concludes: "Independent pharmacists are putting up with abysmal data and we are seeing attrition in that sector. You have to ask whether there is a correlation, and if so, whether pharmacists recognise that in the face of so much legislative and market change within the NHS, investing in quality data might just be a sound investment." ☺



&

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Leg vein health

OBJECTIVES

- State the symptoms that are indicative of poor leg vein health
- Recognise those patients that require referral to a GP
- Explain factors that contribute to poor leg vein health
- Describe three disabling conditions that affect the legs and their treatments
- Recommend measures to help avoid tired heavy legs

Leg health is often taken for granted, yet with an increasingly sedentary lifestyle, it is becoming a growing problem for a significant proportion of the population

Up to half of women and a significant minority of men, suffer from general leg health problems. More than half of women over 45 who suffer from tired, aching, heavy legs are hindered in their daily life by the need to keep 'putting their feet up'.

Many people suffer from poor leg vein circulation without doing anything about the underlying causes. It may be something that a lot of people do not feel the need to visit their GP about, but it does have an impact on their quality of life in that it can restrict work and social activities. Pharmacists are well placed to identify customers with the condition.

Symptoms

The symptoms or feelings of leg discomfort may include:

- aching in the lower legs
- a heavy feeling in the legs
- tiredness in the lower legs
- swelling, particularly of the ankles, which gets worse as the day goes on
- a general feeling of weakness in the legs.

Causes

People are more likely to experience tired, aching, heavy legs as they get older and if they have a family history of the problem. Other contributing factors include:

- long periods of relative inactivity – sitting or standing
- poor diet leading to constipation

- lack of exercise
 - being overweight
 - hormonal changes (such as fluid retention before menstruation)
 - pregnancy, particularly the latter stages
 - other conditions such as arthritis.
- Inadequate leg movement, and the upright position of the lower legs when sitting or standing, can cause poor venous return of blood to the heart from the veins of the lower legs. This subsequently causes back pressure on the leg vein capillaries and increases the amount of fluid entering leg tissues from the blood. Uncomfortable tension and swelling is the result.

Implications

Longer term implications of poor venous circulation include an increased risk of:

- varicose veins
- phlebitis (inflammation of the superficial veins of the legs)
- varicose eczema
- varicose ulcers (a breakdown of the skin, often around the ankles, which can be difficult to treat)
- deep vein thrombosis (DVT).

Pain is not a common feature of leg vein problems. Patients with a defined pain in their legs should be referred to their GP, particularly if it is associated with swelling, redness and tenderness, as this may indicate DVT. Another important symptom to refer is swelling of the ankles present on waking in the morning, as this may indicate heart failure.

Managing the symptoms

Lifestyle changes can be one of the most appropriate interventions to manage the symptoms of tired, heavy legs. Weight reduction, regular exercise and a balanced diet

Why legs are becoming less healthy

- Obesity has trebled in the last 25 years.
- People take less exercise than before.
- Modern diets contain less fibre, leading to constipation.
- Seven out of ten women now spend over half their day sitting down.
- People are also spending more time standing up – one

survey found that 75 per cent of women over 45 spent at least half the working day on their feet.

- The population as a whole is ageing.
- These are pre-disposing factors to chronic venous insufficiency – a persistent, inadequate venous return from the lower limbs characterised by oedema,

skin changes and the subjective complaint of 'heavy legs'⁶. Surgery or compression therapy may improve macrocirculation, but will have little direct effect on the smaller blood vessels, which have an important role in controlling transudation – the movement of fluid in and out of the tissues.



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Varicose Veins

Varicose veins affect up to 20 per cent of the population and account for some 500,000 GP consultations per year.

Women suffer more frequently than men, and pregnancy, obesity and prolonged standing all increase the risk of the

condition. Varicose veins are less common in Third World populations, probably due to their less sedentary lifestyle.

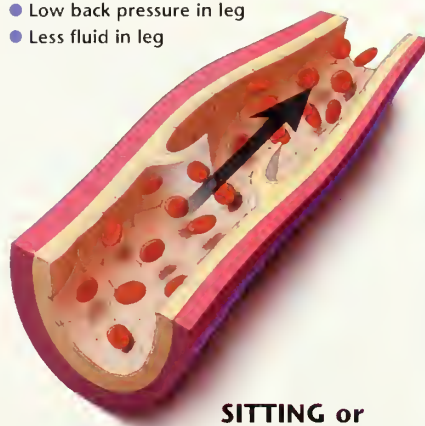
Varicose veins are swollen, irregularly-shaped veins that most commonly occur in the legs. They are caused by a failure of the

valves within veins, allowing blood to accumulate and distend those veins. Treatment is either surgery or compression hosiery.

The risk of varicose veins can be reduced by avoiding sitting or standing for long periods and not crossing legs when sitting.

MOVING

- Circulation flows faster in leg
- Low back pressure in leg
- Less fluid in leg



SITTING or STANDING

- Circulation flows slower in leg
- Increased back pressure in leg
- Extra fluid in leg

Restless Legs Syndrome

Restless legs syndrome (RLS) is an unpleasant creeping sensation in the legs brought on by inactivity and temporarily relieved by movement. This is a potentially disabling condition that affects 5 per cent of the population. RLS has been associated with iron deficiency, lack of vitamin B12, folate and magnesium, diabetes, alcohol, barbiturates, phenothiazines, varicose veins and rheumatoid arthritis⁹. Pergolide, gabapentin and ropinirole are all effective in RLS treatment¹⁰.

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can all help to improve the circulation. For office workers, and those who spend long hours standing relatively static, regular movement of legs, ankles and feet will help improve venous return.

Various studies have demonstrated this physiological effect. In a study where the subjects had the symptoms of tired, heavy legs and swelling in the ankles, a two-minute walk every 15 minutes, during a day spent largely sitting, was found to reduce leg swelling in women from between 3.4 and 5.5 per cent to between 1.8 and 2.7 per cent¹.

Compression hosiery is an option, particularly where varicose veins are present, and where there is a risk of DVT (a blood clot, or thrombus that develops in a deep vein as a result of damage to the vein or poor blood flow. If it detaches and reaches the lungs it can cause a pulmonary embolism). However, many people who might benefit from compression hosiery find it a bother, or do not wear it properly.

Another option might be a food supplement. Some food substances, particularly bioflavonoids, procyanidines and anthracyanosides, have been shown to have a stabilising action on capillary walls, helping to maintain a normal level of fluid transudation. Studies have shown these substances help maintain capillary wall integrity and resistance, which is necessary for a normal vascular permeability^{3,4,5}.

Red vine leaf is a natural source of bioflavonoids. In a German study carried out in 2000, a standardised extract (AS195) was compared with placebo in a 12 week trial among 219 patients aged 25 to 70 with early stage chronic venous insufficiency⁶, a condition in which poor circulation in the legs leads to swelling of the ankles and tired, heavy legs.

The trial demonstrated a reduction in calf circumference over time in patients treated with 720mg daily of AS195 (and to a lesser extent with 360mg daily), while the legs of patients on placebo remained largely unchanged. The oedema reduction was at least equivalent to that achieved with compression hosiery, say the authors.

Quite how flavonoids exert their effect is unclear. Venular epithelium has been identified as a major target of flavonoids in CVI, where it is believed they support the repair of lesions to the endothelial cells and help prevent damage caused by the backflow of venous blood.

Test your understanding by answering the following questions, then check your answers by phoning our Telephone Marking Service on **08705 800 287** for an immediate result. You will be asked for the Tutorial Number. This tutorial is No36. Just listen to the instructions and press buttons 1 or 0 to indicate your answers. "1" indicates true; "0" indicates false. Please note that calls are charged only at standard national rates.

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Technician ☐ Counter assistant ☐

Signature _____

1. Symptoms of tired, aching, heavy legs include pain in the legs
☐ True ☐ False

2. Regular exercise is a contributing factor to tired, aching, heavy legs
☐ True ☐ False

3. Inadequate leg movement causes poor return of blood to the heart from the veins of the lower legs
☐ True ☐ False

4. CVI stands for chronic varicose inflammation
☐ True ☐ False

5. Tired, aching, heavy legs increase the risk of psoriasis
☐ True ☐ False

6. Bioflavonoids can help stabilise capillary walls
☐ True ☐ False

7. A recent German study suggests that red vine leaf extract can help improve symptoms of tired, heavy aching legs and swelling
☐ True ☐ False

8. The most effective dose of AS195 is 360mg taken daily
☐ True ☐ False

9. Gabapentin is not used to treat varicose veins
☐ True ☐ False

10. Varicose veins are less common people who live in Third World countries
☐ True ☐ False

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Back ISSUES

Appointments

The Department of Health has appointed **Professor Martin Marshall** as deputy chief medical officer. He takes responsibility for the Healthcare Quality Directorate and for modernising medical careers from May 15, 2006.

Ardana, the pharmaceutical company specialising in improving reproductive health, has appointed **Klaus Falk** as vice-president, sales and marketing. He has more than 20 years' experience in the pharmaceutical industry, gained at Merck.

Nathan Branch has become head of services in the marketing department at UniChem. He joins the business from Ivax Pharmaceuticals.

Skin Doctors has appointed **Nick Hemming** as regional business development manager for the Midlands area, covering pharmacies, salons and stores across Hertfordshire, East Anglia and the Midlands.



Klaus Falk



Nick Hemming

Flower Power

It's amazing what people will try to sell on eBay. For those who are interested in pharmacy memorabilia, there is the opportunity to bid for this snazzy Boots pharmacy counter staff uniform from the 1970s. The popper fastening white

dress in size 16 has a floral print on the collar, cuffs, back belt and pocket tops. The seller claims it has been carefully looked after, with no rips or tears, all the poppers work and even the sizing/laundry label is intact. The only flaw – apart from the dated style, floral prints

are so last year – is a slight discolouration in some areas. And as a special bonus, the winning bidder will also receive a matching flowery apron. It's certainly a different take on playing doctors and nurses (or pharmacists).



Apple of his eye helps cystic fibrosis

The first Big Apple Ball, the brainchild of Sanjay Majhu, CEO of Apple-Harlequin Group, held in Glasgow this month, raised £30,000 for the Cystic Fibrosis Trust.

Mr Majhu organised the event for pharmacists throughout Scotland so that they could enjoy themselves in aid of a good cause.



Pictured from the left are Michael and Michelle Majhu, Sanjay Majhu, Laura Adams and Charan Gill



Scotland's *Still Game*, comedian Clem Dane and tribute band Beatlemania.

The money raised by the ball will be used to fund vital research to enable doctors to care for those with cystic fibrosis more effectively.

Given the success of the inaugural event, Mr Majhu confirmed his intention to make the Big Apple Ball an annual fundraising event.

"As someone who has had a measure of life's ups and downs, I've always felt it important to recognise the need to put something back into good causes," he said. "The aim of the Big Apple Ball was to give an opportunity for those of us fortunate enough to have our health to take time out from our busy lives to think of the less fortunate and give generously."

Entertainment on the night was provided by Sanjeev Kholi (in character as Naveed from BBC



Jiggy and Karen Majhu



Max's marathon bid

I am running the London Marathon on April 23 to raise money for Hospice in the Weald. The organisation took great care of my mum, who died of ovarian cancer in May 2003.

Please dig deep and sponsor me online by visiting www.justgiving.com/max4mum. I am grateful for any support you can offer.

Max Gosney
senior business reporter
C&D

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